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ABSTRACT

Community-based prevention efforts to curb substance abuse problems in the United States have led to significant reductions in substance use and abuse. Many of these efforts have been carried out under the leadership of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) as well as State alcohol and drug abuse agencies. These prevention efforts are rooted in the belief that communities themselves offer the most effective approach for planning, implementing, and evaluating prevention efforts that can best respond to the specific needs of community members. The Exemplary Awards program recognizes prevention programs in two tracks: Promising Programs--those that have positive initial results but have yet to verify outcomes scientifically, and Model Programs--those that are implemented under scientifically rigorous conditions and demonstrate consistently positive results. The Exemplary Awards recognize prevention programs that are innovative and effective and that successfully respond to the needs of their target populations, both as Promising Programs and Model Programs. This booklet briefly describes the 30 programs that received the 2001 Exemplary Substance Abuse Prevention Awards that may be adapted and replicated by communities nationwide. (GCP)

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2001

xemplary Substance Abuse Prevention Programs

Award Ceremony

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
in cooperation with the
National Association of State Alcohol and Drug Abuse Directors
the National Prevention Network
and the Community Anti-Drug Coalitions of America

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Introduction

"In communities across this country, individuals are making heroic efforts in substance abuse prevention every day. We owe a debt of thanks to all the caring people involved in outstanding prevention programs aimed at families, schools, social services, the media, law enforcement, youth groups, and workplaces. Together, we are building a healthier, safer America for our young people."

Tommy Thompson
Secretary, U.S. Department of Health and Human Services

History

Community-based prevention efforts to curb substance abuse problems in the United States have led to significant reductions in substance use and abuse. Many of these efforts have been carried out under the leadership of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) as well as State alcohol and drug abuse agencies. These prevention efforts are rooted in the belief that communities themselves offer the most effective approach for planning, implementing, and evaluating prevention efforts that can best respond to the specific needs of community members.

Recognizing excellence among promising substance abuse prevention programs began nearly two decades ago with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network (NPN). In the mid-1980s, they established detailed procedures and rating criteria for such programs. In 1987, SAMHSA/CSAP joined with NASADAD and NPN to honor grassroots prevention programs and to showcase innovations in prevention that have merit for replication and expansion. In 1999, the Community Anti-Drug Coalitions of America (CADCA) became yet another partner in our endeavor to seek out and recognize cutting-edge prevention programs.

Today, the commitment to the field of substance abuse prevention and the partnership formed among SAMHSA/CSAP, NASADAD, NPN, and CADCA are stronger than ever. Together, we are proud to sponsor the Exemplary Substance Abuse Prevention Program Awards and recognize the contributions of outstanding prevention programs that are reducing alcohol, tobacco, and illicit drug use.

The Exemplary Awards Program

The Exemplary Awards program recognizes prevention programs in two tracks: Promising Programs—those that have positive initial results but have yet to verify outcomes scientifically, and Model Programs—those that are implemented under scientifically rigorous conditions and demonstrate consistently positive results. The Exemplary Awards recognize prevention programs that are innovative and effective and that successfully respond to the needs of their target populations, both as Promising Programs and Model Programs.

Selection Process

Promising Programs—A multifaceted procedure is used each year to identify and select Promising Programs to receive an Exemplary Substance Abuse Prevention Program Award. All nominated programs submit to a three-level review process. First, State agency personnel and national organizations submit their formal nominations. Applications are then reviewed by a select group of at-home reviewers, which includes experts in the field of substance abuse prevention and former Exemplary Substance Abuse Prevention Program Award winners. Finally, the National Review Committee (consisting of experts in substance abuse prevention and related health fields) reviews and scores the top applications according to eight criteria and recommends those that merit an Exemplary Substance Abuse Prevention Program Award. Final selections are made jointly by NASADAD, CADCA, and SAMHSA/CSAP.

Reviewers of the 2001 Exemplary Awards Program evaluated prevention programs under the Promising Programs track according to the following criteria:

- Philosophy
- Background and need (program planning)
- Goals and objectives
- Population(s) to be served
- Activities and strategies
- Community coordination
- Evaluation
- Program management

Model Programs—These science-based prevention programs underwent an expert consensus review of published and unpublished materials to ensure that they were well implemented and well evaluated and produced consistent, positive results. These determinations were made using the criteria established by CSAP's National Registry of Effective Prevention Programs (NREPP), encompassing 15 separate dimensions:

- Theory
- Fidelity of interventions
- Process evaluation quality
- Sampling strategy and implementation
- Attrition
- Outcome measures
- Missing data
- Outcome data collection
- Analysis
- Other plausible threats to validity
- Integrity
- Utility
- Replications
- Dissemination capability
- Cultural and age appropriateness

Award Recipients

The 2001 Exemplary Substance Abuse Prevention Program Award recipients again demonstrate that prevention can best be achieved through the use of multiple strategies that address the unique characteristics of individuals, targeted populations, and communities. These culturally diverse programs from throughout the country embody a wide range of prevention strategies, including community mobilization, cultural enhancement, skills and resiliency building, mentoring, parent education, health promotion, and social competency.

The 2001 Exemplary Substance Abuse Prevention Program Awards again make clear that both Promising Programs and Model Programs can yield results in ongoing efforts to reduce the many serious and complex problems associated with substance abuse.

The following 30 programs are deemed exemplary for 2001:
(PP represents a Promising Program, MP represents a Model Program)

Name	**Location**	**Type**
AIDS Community Demontration Project (Community PROMISE)	Dallas, TX Denver, CO Long Beach, CA New York, NY Seattle, WA	MP
BASICS—Brief Alcohol Screening and Intervention for College Students	Seattle, WA	MP
Be Proud! Be Responsible!	Philadelphia, PA	MP
Border Binge-Drinking Project	Calverton, MD National City, CA	MP
CASASTART	New York, NY	MP
Challenging College Alcohol Abuse	Tucson, AZ	MP
Cognitive Behavioral Therapy for Child Sexual Abuse	Stratford, NJ	MP
Cognitive Behavioral Therapy for Child Traumatic Stress	Pittsburgh, PA	MP
Cradle Rockers	Tyler, TX	PP
Families and Schools Together (FAST)	Madison, WI	MP
Family Development Research Project	Syracuse, NY	MP
Family Matters	Chapel Hill, NC	MP
Girl Incorporated/Friendly PEERsuasion℠	Indianapolis, IN	MP
Good Behavior Game	Washington, DC Baltimore, MD	MP
High/Scope Perry Preschool Project	Ypsilanti, MI	MP
Houston Parent-Child Development Program	Taos, NM	MP
Lions Quest *Skills for Adolescence*	Thornville, OH	MP
Middle Earth Peer Assistance Program	Albany, NY	PP

Mpowerment Project	San Francisco, CA	MP
Parenting Wisely	Athens, OH	MP
Parents Who Host, Lose the Most	Columbus, OH	PP
Peers Making Peace	Richardson, TX	PP
Project Venture	Gallup, NM	PP
Prolonged Exposure Therapy for PTSD	Philadelphia, PA	MP
Promoting Alternative THinking Strategies (PATHS)	South Deerfield, MA	MP
Responding in Peaceful and Positive Ways (RIPP)	Richmond, VA	MP
School Violence Prevention Demonstration Program	Calabasas, CA	MP
Second Step	Seattle, WA	MP
Team Awareness	Fort Worth, TX	MP
Too Good For Drugs	Tampa, FL	MP

SAMHSA/CSAP, NASADAD, NPN, and CADCA commend all the award recipients for their outstanding work and encourage others to develop and sustain innovative prevention efforts in States and communities across the country.

This booklet briefly describes the 30 programs that received the 2001 Exemplary Substance Abuse Prevention Awards that may be adapted and replicated by communities nationwide.* For additional information on these and other Model Programs go to the Model Programs Web site www.modelprograms.samhsa.gov or contact an information specialist at 1-877-773-8546. For additional information pertaining to a Promising Program please contact the respective program directors and developers.

**Note: Some of these winners are in the process of readying their programs for disseminaiton.*

AIDS Community Demonstration Projects (Community PROMISE)

The AIDS Community Demonstration Projects (ACDP) is a 5-year study that evaluated the impact of a community-level HIV prevention intervention that promotes consistent condom use among injection drug users and their sex partners, female commercial sex workers, at-risk youth, and non-gay-identified men who have sex with men, and the use of bleach to clean syringes used by injection drug users. Based on the stages-of-change model, which recognizes that behavior change is a process and takes time, ACDP also uses an integrated behavior change model that provided the foundation for the intervention's design and evaluation.

ACDP includes the development of peer volunteer networks for the distribution of condoms, bleach kits, and sharing role model stories. The role model stories are small printed materials featuring theory-based prevention messages drawn from the real-life experiences of community members. After 3 years of implementation, 54 percent of the target population had received ACDP role model stories. Overall, individuals exposed to ACDP showed more movement toward consistent condom use, as well as increased condom carrying, than did individuals in comparison communities. Individuals who were directly exposed to ACDP had higher stage-of-change scores for bleach use and condom use.

The intervention that was developed and tested in the ACDP is now being replicated as Community PROMISE: Peers Reaching Out and Modeling Intervention Strategies.

Agencies

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, STD, and TB Prevention
Centers for Disease Control and Prevention
Dallas County Health Department
Dallas, TX

Department of Public Health
Denver Health and Hospitals
Denver, CO

California State University
Long Beach, CA

Long Beach Department of Health and Human Services
Long Beach, CA

National Development and Research Institute
New York, NY
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Clientele

The ACDP/Community PROMISE program targets injection drug users, their sex partners, female commercial sex workers, non-gay-identified men who have sex with men, high-risk youth, and residents of areas with high rates of sexually transmitted disease.

Major Services

Members of targeted risk groups are recruited and trained as community advocates. Community advocates distribute role model stories and risk reduction supplies to other risk-group members in their own communities. The messages in the role model stories are reinforced by the direct contact with the community advocates. Community advocates distribute stories and supplies to 10 to 20 of their peers weekly.

Accomplishments

The ACDP intervention was evaluated over a 3-year period using a quasi-experimental design with 10 matched intervention and comparison communities. The data indicated that:

- ☐ Near the end of the intervention, 54 percent of target population members had received ACDP role model stories.
- ☐ Overall, individuals in the intervention communities showed more movement toward consistent condom use with partners as well as increased condom carrying than did individuals in the comparison communities.
- ☐ Individuals who were directly exposed to the intervention were more likely to carry condoms and had higher stage-of-change scores for bleach use and condom use with main and non-main partners.

Further details on ACDP are available at www.cdc.gov/hiv/projects/acdp/acdp.htm. Information on Community PROMISE is at www.cdc.gov/hiv/projects/rep/default.htm.

Funding

Funding for ACDP was provided by the Behavioral Prevention Research Branch, Division of STD and HIV Prevention, National Center for Prevention Services, Centers for Disease Control and Prevention.

Funding for Community PROMISE is provided by the Behavioral Intervention Research Branch, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, STD, and TB prevention, Centers for Disease Control and Prevention.

Program Materials

The Community PROMISE replication package is under development and will include five intervention manuals that guide organizations through program planning, implementation, maintenance, and evaluation. Two videotapes, "Intervention Overview" and "How To Conduct a Role Model Story Interview," also will be provided, along with sample program and training materials, role model stories, condoms, and bleach kits.

A 2-day intervention orientation to teach agency staff how to conduct the intervention, practice intervention delivery skills, and identify agency-specific implementation strategies will also be offered.

Program Developers

The AIDS Community Demonstration Project was a multisite intervention, collaboratively developed by investigators at the individual sites, by CDC staff, and by a team of nationally recognized experts who served as consultants. CDC scientists who were associated with ACDP include Kevin O'Reilly, Donna Higgins, and Wayne D. Johnson and project officers Carolyn Beeker, Christine Galavotti, Carolyn Guenther-Grey, Linda Kay, and Daniel Schnell. Scientific consultants who made major contributions included Martin Fishbein, Alfred McAlister, James Prochaska, John Sheridan, Cathleen Crain, and Nathaniel Tashima. The principal investigators from the participating sites were Anne Freeman (Dallas), David Cohn and Cornelis Rietmeijer (Denver), Nancy H. Corby and Fen Rhodes (Long Beach), Susan Tross (New York), and Robert Wood and Gary Goldbaum (Seattle).

The Community PROMISE package that emerged from the AIDS Community Demonstration Project is also the result of a number of collaborators: CDC project officers Mary Neumann and Agatha Eke, principal investigator Nancy H. Corby, and project director Marguerita Lightfoot from the California State University-Long Beach, which funded development of the package. The Gay and Lesbian Center (Los Angeles) and San Bernardino County (CA) Health Department were involved in field testing.

BASICS (Brief Alcohol Screening and Intervention for College Students)

BASICS is an alcohol abuse prevention program designed to help college undergraduates who have experienced problems or who are at high risk of having problems because of heavy alcohol use. The program uses brief, nonconfrontational feedback interviews (with trained personnel) about alcohol use and the associated risks to raise students' awareness of their drinking behavior and its short- and long-term consequences. BASICS begins with an assessment of alcohol use, typically in an initial individual session. A second meeting provides personalized feedback about drinking, including information about rates and patterns of use, risk factors, perceived norms, alcohol metabolism, and blood levels. The interviewer seeks to elicit personally relevant reasons for the student to change his or her drinking behavior as well as provide information about alcohol and its effects. BASICS has been found to result in significant reductions in alcohol consumption and significant reductions in negative consequences related to alcohol use in college students. Results appear to persist for as long as 4 years.

Agency

University of Washington

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Clientele

BASICS is targeted at male and female undergraduate students of any ethnicity, 18 years and older, living on college and university campuses.

Major Services

BASICS is a two-part process that includes an individual student interview followed by a second meeting where the interviewer provides personalized feedback based on information gleaned from the first meeting. BASICS students may be referred to and assisted with obtaining additional counseling or services. Training in the use of BASICS is offered, and training costs, time, and activities vary, based on the number of trainees, specific program applications, and trainer availability. Both direct training and consultation are available.

Accomplishments

Randomized clinical trials provide evidence of significant reductions in alcohol consumption and significant reductions in negative consequences related to alcohol use in college students. Greater reductions in alcohol-related problems were seen at 2- and 4-year followups, compared to students in control conditions. Additional randomized trials of replications conducted at the University of Washington and by independent researchers have proven the effectiveness of BASICS.

Funding

The development of BASICS was supported by research grants to Dr. G. Alan Marlatt from the National Institute for Alcohol Abuse and Alcoholism.

Program Materials

The BASICS manual, *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach*, is available.

Program Developers

BASICS developer G. Alan Marlatt is a professor of psychology and director of the Addictive Behaviors Research Center at the University of Washington. He received his Ph.D. in clinical psychology from Indiana University in 1968. His major focus in both research and clinical work is the field of addictive behaviors. In addition to many journal articles and book chapters, he has published several books in the addictions field. In 1990, Dr. Marlatt was awarded the Jellinek Memorial Award.

Co-developer John S. Baer is a research associate professor in the department of psychology at the University of Washington in Seattle. Currently director of an Interdisciplinary Fellowship in Substance Abuse Treatment at the Center of Excellence for Substance Abuse Treatment and Education at the VA Puget Sound Health Care System, Dr. Baer received his doctoral degree in clinical psychology from the University of Oregon in 1986. Dr. Baer's research and clinical interests focus on the assessment, prevention, treatment, and relapse of substance use and abuse.

Be Proud! Be Responsible!

Be Proud! Be Responsible! is a brief, 5-hour curriculum designed to teach 13- to 18-year-old youth about the transmission and prevention of HIV/AIDS and other sexually transmitted diseases (STDs) and to affect the beliefs and practices that put them at risk for being infected with these diseases. The curriculum, which can be presented in school or community settings, includes a variety of activities, educational videos, films, role-plays, condom demonstrations, and exercises. Most are brief, lasting no more than 20 minutes. Youth who participated in this program showed stronger intentions for safer sex, a lower incidence of HIV risk-associated sexual behavior, and a stronger sense of pride and responsibility in choosing safer sex behaviors, including abstinence. In a randomized control trial with 157 Black male adolescents 12 to 19 years old, the students who received the Be Proud! Be Responsible! curriculum reported engaging in less risky sexual behavior in the 3 months following the intervention than did the students in the control condition.

Agency

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Clientele

The program was developed for African-American, Hispanic, and Caucasian adolescents, 13 to 18 years old, who attend inner-city and rural schools and community-based programs.

Be Proud!
Be Responsible!

Major Services

Be Proud! Be Responsible! offers a 5-hour curriculum to schools and community organizations for implementation with young people.

Accomplishments

In a randomized control trial with 157 Black male adolescents, 12 to 19 years old, the students who received the Be Proud! Be Responsible! curriculum reported engaging in less risky sexual behavior in the 3 months following the intervention than did the students in the control condition. Another significant finding was that students who participated in the AIDS risk-reduction curriculum scored higher on a test of AIDS and STD knowledge, expressed less favorable attitudes toward risky sexual behavior, and reported weaker intentions to engage in risky sexual behavior than did the students who had participated in the control condition. The curriculum continued to be effective in changing HIV risk-associated sexual behavior every time it was replicated.

Funding

The funding for the original study was from the American Foundation for AIDS Research. The National Institute of Child Health and Human Development funded the second study, a replication and extension of the first study. Finally, the Urban League of Metropolitan Trenton received a grant from the American Foundation for AIDS Research to implement the program in community and school settings for 2 years. They also received funding from the New Jersey State Department of Health to implement the curriculum for 4 more years.

Program Materials

The curricular package consists of the curriculum manual, *Be Proud! Be Responsible!: Strategies To Empower Youth To Reduce Their Risk for AIDS*, which includes the training information and teachers' guide. The curriculum package also includes activity cards, games, posters, and video clips. Other videos included in the curriculum, which are sold separately, are "AIDS Not Us" and "The Subject is HIV."

Program Developers

Loretta Sweet Jemmott, Ph.D., R.N., F.A.A.N., is a professor at and director of the Center for Urban Health Research, University of Pennsylvania School of Nursing. She is also the co-chair of Penn's Center for AIDS Research's Behavior and Social Science Core. Dr. Jemmott holds a B.A. and M.A. in nursing and a Ph.D. in education, specializing in human sexuality education. For more than 25 years, she has designed curricula and implemented programs for adolescents to reduce STD and pregnancy-risk behaviors. Since 1987, she has conducted a series of National Institutes of Health-funded randomized controlled trials to develop and evaluate theory-based, developmentally appropriate behavioral interventions aimed at increasing safer sex behaviors—including abstinence—among inner-city minority youth in various clinics, schools, and community settings. Recognized nationally and internationally as a leader in adolescent HIV prevention research, she has also been involved in international dissemination activities in Jamaica, Mexico, Puerto Rico, Botswana, and South Africa. Dr. Jemmott has received numerous prestigious awards, such as the Congressional Merit Award and election into the Institute of Medicine, an honor accorded very few nurses.

Dr. John B. Jemmott III received his Ph.D. in social psychology from the Department of Psychology and Social Relations, Harvard University. After serving as a psychology professor at Princeton University for 18 years, he joined the faculty of the University of Pennsylvania, where he is currently the Kenneth B. Clark Professor of Communication in the Annenberg School for Communication and director of the Center for Health Behavior and Communication in the Annenberg Public Policy Center. Throughout his career, Dr. Jemmott has conducted research on the psychological aspects of physical health. Since 1987, his research has centered on HIV sexual risk reduction among adolescents. Recognized nationally and internationally as a leader in adolescent HIV prevention research, he has published more than 60 articles and book chapters and has received numerous grants from the National Institutes of Health to support his research.

Dr. Konstance McCaffree, Ph.D., is an associate adjunct professor at the Widener University Center for Education's Program in Human Sexuality. She is a certified sexuality educator and has more than 30 years of experience as a public school teacher. Dr. McCaffree has taught human sexuality to both elementary and secondary students. Dr. McCaffree served on the board of directors of the Sexuality Information and Education Council of the United States (SIECUS) and the Society for the Scientific Study of Sexuality (SSSS). Dr. McCaffree conducts workshops nationally and internationally, assisting educators and health professionals with their facilitation of sexuality education, and in recent years she has developed curricula and implemented training programs in South Africa, Zambia, Nigeria, and the Philippines.

Border Binge-Drinking Reduction Project

The Border Binge-Drinking Reduction Project, (The San Diego-Tijuana Border Project) a binational program for U.S. communities bordering other countries, is designed to minimize the alcohol-related injuries and fatalities resulting from cross-border drinking. The program's goal is to reduce the underage and binge drinking behavior of teens and young adults and the behavioral consequences (drunk driving, drug use, violence, and vandalism). At the program's core is a regular survey of youths who identify themselves as returning from a night of drinking and submit to anonymous breath tests to measure blood alcohol content (BAC). The survey information forms the basis of a strong media advocacy program that is used to characterize the problem and mobilize the community to actions including consistent indentification checking, traffic enforcement, responsible beverage service, and responsible advertising programs.

The program is modeled on the prevention framework of San Diego County, CA, which seeks policy solutions through combinations of science, media advocacy, community organizing, and law enforcement/community partnerships. Substantial reductions in the number of youthful cross-border bar patrons and the average BAC of returning drinkers have been demonstrated at two border locations, San Diego/Tijuana and El Paso/Juarez. This prevention model has proven effective in addressing other public health issues such as tobacco use and drunk driving.

Agency

Pacific Institute for Research and Evaluation (PIRE)
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Clientele

The Border Binge-Drinking Reduction Project uses an environmental management strategy to change the conditions under which alcohol and drugs are available to the public. As such, the clientele encompasses the entire community.

Major Services

Representatives of PIRE and IPS will provide training and technical assistance in the areas of science-based strategies, media advocacy, community organizing, responsible beverage service training, survey assistance, public opinion polling, and evaluation design.

Accomplishments

Substantial reductions in the number of youthful cross-border bar patrons and the average BACs of returning drinkers have been demonstrated at two border locations, San Diego/Tijuana and El Paso/Juarez. Although the simultaneous implementation of more than one intervention made it difficult to isolate the impact of specific program elements, three interventions appear to have produced significant reductions in cross-border bingeing. They are (1) extensive and focused news reporting of increased border enforcement activity and intentional community organizing to change the Tijuana alcohol policy; (2) required earlier bar closing hours in Juarez; and (3) requirements that military personnel obtain special passes to cross the border.

The Border Project also helped establish the Binational Council, which makes policy recommendations on alcohol and illicit and pharmaceutical drug issues throughout the San Diego-Tijuana border region. This precedent-setting group consists of more than 100 community organizations, government agencies, law enforcement officers, and the business community from both countries. A similar organization has been established in the El Paso region.

Funding

The San Diego-Tijuana Border Project is currently supported by the Alcohol and Drug Services Department of the San Diego County Health and Human Services Agency and at various times has been supported by the Alliance Healthcare Foundation, the Robert Wood Johnson Foundation, the California Office of Traffic Safety, the California Endowment, and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). To date, border survey costs have been funded through research grants from NIAAA. In the future, border survey costs should be incorporated into the basic program funding.

Program Materials

An action kit describing how to implement similar projects in border communities and other non-border settings will be available from the Institute for Public Strategies. In addition, issue briefings, more detailed descriptions of project activities, public opinion polling, and the strategic model are available on the IPS Web site at www.healthadvocacy.org.

A manual describing how to establish border breath test surveys and use the data to organize and manage a border program will be available from the Pacific Institute. Additional details describing the nature of cross-border bingeing problems and the impact of the San Diego-Tijuana Border Programs will be available on the PIRE Web site at www.pire.org.

Program Developers

James Baker, Ph.D., is both founder and executive director of the Institute for Public Strategies, a public health, public policy nonprofit with offices in San Diego, Tijuana, Los Angeles, and Montana. He has two decades of experience operating both nonprofit and for-profit businesses in Mexico; he has lived in various parts of Mexico and speaks Spanish fluently. Dr. Baker has devoted his public health career to advancing the environmental model of preventing alcohol and other drug (AOD) problems. Dr. Baker led the media advocacy component of the Community Trials Project To Reduce Alcohol-Related Trauma. He is a leader of the Southern California Prevention Exchange, an experimental project to collaborate across county lines in environmental prevention work and is involved in other prevention projects.

Robert B. Voas, Ph.D., is a senior research scientist with Pacific Institute in Calverton, MD. He has been involved in research on alcohol and highway safety for 30 years, initially as director of the National Highway Traffic Safety Administration's Office of Program Evaluation and, more recently, as principal investigator for government research programs in drinking-driving and community alcohol problem prevention. Dr. Voas is a Fellow of the American Psychological Association and a past president of the International Council on Alcohol, Drugs, and Traffic Safety. He is also a member of the Committee on Alcohol and Drugs, and the National Safety Council. Dr. Voas has just completed a national study of the impact of alcohol safety laws on alcohol-related fatal crashes.

CASASTART

CASASTART is a neighborhood-based, school-centered program designed to reduce the incidence and potential of substance use and delinquent or violent behavior of high-risk, 8- to 13-year-old youth. Developed by the National Center on Addiction and Substance Abuse, the program brings together a collaborative partnership of three key institutions: (1) a social services or health agency, which generally serves as the program's "lead agency," (2) a law enforcement department, and (3) local schools. These institutions provide an eight-component menu of services to participating youth and their families. Program participants can stay in CASASTART for up to 2 years. Program staff will provide training and technical assistance to locally managed CASASTART sites for up to 2 years.

Agency

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Clientele

Eligible CASASTART clients are young people 8 to 13 years old who are at very high risk of substance abuse or juvenile delinquency and their families. These indicated youth exhibit at least four risk factors related to their family life, school performance and/or behavior, or in choices they are making on their own, such as gang membership or drug use.

Major Services

CASASTART uses a positive youth development approach and an intensive case management service modality (one case manager to 15 youth and families) to deliver a menu of eight separate services to clients, including social support, family services, educational support, after-school and weekend activities, mentoring, incentives, community policing, and intervention in the juvenile justice system.

Accomplishments

CASASTART began in 1992 as a 3-year research/demonstration program (then known as the Children at Risk program) in six cities. A rigorous program evaluation conducted by the Urban Institute found that children who participated in CASASTART were more likely to be promoted to the next grade and to have relationships with positive peers, and were less likely to respond to negative peer pressure, to use drugs, or to engage in a violent act.

CASASTART youth were approximately:

- ☐ 20 percent less likely to use drugs in the past 30 days compared to youth in the control group
- ☐ 60 percent less likely to sell drugs
- ☐ 20 percent less likely to commit violent acts

Since the end of the demonstration period in 1996, the program has been expanded to urban and rural communities in eight States and the District of Columbia.

In addition to meeting the criteria to be named a CSAP Model Program, CASASTART has been named:

- ☐ Exemplary Program—U.S. Department of Education, Safe and Drug-Free Schools
- ☐ Promising Program—Office of Juvenile Justice and Delinquency Prevention

Funding

CASASTART funding is diversified and includes support from States, counties, municipalities, businesses, and private philanthropic organizations.

Program Materials

CASASTART: A Proven Youth Development Strategy That Prevents Substance Abuse and Builds Communities is an 80-page field guide designed to help organizations implement the program. Published by the National Center on Addiction and Substance Abuse at Columbia University, it and related program materials can be obtained from CASA for the cost of copying and postage. Other materials include:

- ☐ *Impact of the Children at Risk Program: Comprehensive Final Report.* Harrell, Adele; Cavanagh, Shannon; Sridharan, Sanjee. The Urban Institute, June 1998. Two volume report and an executive summary are available.
- ☐ An Interagency Collaboration for Linking Schools with Social and Criminal Justice Services. Tapper, Donna; Kleinman, Paula; Nakashian, Mary. *Social Work in Education*, vol. 19, No.3. July 1997.
- ☐ *Preventing Substance Abuse Using a Community-Based Collaborative Approach.* Murray, Lawrence F., Georgia Academy Journal, Winter 1999.
- ☐ *CASASTART: A Program of the National Center on Addiction and Substance Abuse at Columbia University.* Program description and brief history available as a 3-page or 11-page document.

Program Developer

Lawrence F. Murray, C.S.W., joined the National Center on Addiction and Substance Abuse at Columbia University in 1996. Prior to that, he spent 24 years primarily working in the areas of juvenile justice and youth development. Among his positions were those of assistant commissioner for Community-Based Services at the New York City Department of Juvenile Justice, director of Post Institutional/Runaway Homeless Youth Services at the Nassau County Youth Board, and assistant director for Big Brothers Big Sisters of Nassau County. Mr. Murray is currently the chairman of the Annie E. Casey Children and Family Fellowship Network and an adjunct associate professor at the Robert F. Wagner School of Public Service at New York University. In addition to CASASTART, Mr. Murray has designed programs that have been the recipients of awards for effectiveness from the National Association of Counties and the Office of Juvenile Justice and Delinquency Prevention.

Challenging College Alcohol Abuse

Challenging College Alcohol Abuse (CCAA) is a social norms and environmental management program that reduces high-risk drinking and related high-risk behaviors in college students (18 to 21 years old). Under CCAA, the campus health service uses new and innovative methods to communicate public health information to students, the campus community, and the surrounding community to:

- ☐ Correct misperceptions, increase knowledge, and change attitudes about alcohol and other drug (AOD) use behaviors among underage students
- ☐ Change policies and practices related to AOD use and abuse among campus fraternity and sorority chapters
- ☐ Change faculty, administration, parental, community, and policymaker perceptions to prevent perpetuation of AOD myths
- ☐ Increase restrictions on alcohol availability and monitor on- and off-campus distribution and consumption

CCAA fosters development of policies that establish and maintain a healthy and safe environment for all students. Through its environmental management strategies, it also seeks to develop community and civic partnerships and collaborations in support of campus AOD policies.

Agency

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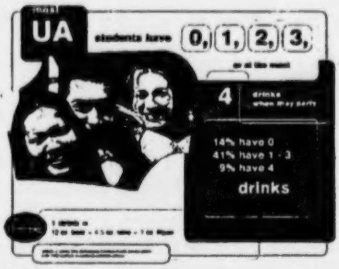
Clientele

Challenging College Alcohol Abuse was developed to serve college undergraduates, the campus at large, and key community stakeholders. Targeted subpopulations include fraternity and sorority members, freshmen, and students referred to a substance abuse diversion program (students who have had an alcohol- or drug-related violation on or off campus).

Major Services

Under this program, the campus health service approaches and presents substance abuse as a public health issue. It uses social norms advertising, which can include newspaper ads, feature articles, newspaper inserts, posters, fliers, and campus radio and cable television to communicate correct information on alcohol and other drug use. It also uses environmental management strategies, including community and statewide partnerships, to develop, dispense, and enforce consistent alcohol policies.

Accomplishments



Implementation of Challenging College Alcohol Abuse at the University of Arizona has resulted in a 29 percent decrease in heavy and high-risk drinking, significant decreases in alcohol-related high-risk behavior (drinking and driving and unwanted sexual advances), and fewer alcohol-related incidents at university celebration events. More than 20 colleges and universities now use many of the program's elements to affect alcohol abuse on their campuses. In 1999, the U.S. Department of Education recognized the University of Arizona Substance Abuse Prevention Program as a Model Program. In 2000, Challenging College Alcohol Abuse was named a Promising Program by the Center for Substance Abuse Prevention (CSAP) in conjunction with NASADAD/NPN and CADCA.

Funding

The U.S. Department of Education and CSAP provided funding for Challenging College Alcohol Abuse.

Program Materials

Free copies (up to 100) of *A Practical Guide to Alcohol Abuse Prevention: A Campus Case Study in Implementing Social Norms and Environmental Management Approaches* are available. This 38-page booklet provides an overview of the social norms and environmental management strategies used by this program and includes chapters on conducting a social norms media campaign, working with key stakeholders, measuring outcomes (including quantitative and qualitative findings), cost benefit analysis, and sustaining program efforts over time.

This booklet, examples of social norms marketing materials, and the program's primary research tool, the Health and Wellness Survey, are available online at www.SocialNorms.CampusHealth.net or by calling (520) 621-5700.

Program Developers

The program was developed by the staff of the Health Promotion and Preventive Services department at the University of Arizona Campus Health Service under the direction of Koreen Johannessen, M.S.W., Carolyn Collins, M.S., and Peggy Glider, Ph.D. Ms. Johannessen, Ms. Collins, and Dr. Glider have teamed on six Federal substance abuse prevention grants, providing consultation, training, and contributing to the body of literature on college-level substance abuse prevention. In addition, Dr. Glider, the program's chief evaluator, has written and evaluated numerous CSAP substance abuse prevention and intervention projects.

Cognitive Behavioral Therapy for Child Sexual Abuse

Cognitive Behavioral Therapy (CBT) for Child Sexual Abuse is an empirically based treatment approach developed to help children who have suffered sexual abuse overcome posttraumatic stress disorder (PTSD) and other abuse-related psychosocial difficulties. It is designed to help children therapeutically process traumatic memories, overcome dysfunctional abuse-related thoughts and beliefs, and develop effective personal safety skills. The program emphasizes enlisting the support of non-offending parents or primary caretakers and encourages effective parent-child communication. Cognitive behavioral methods are also used to help parents learn to cope with their own distress and respond effectively to their children's difficulties. In a series of randomized control trials, this CBT approach led to significant improvements with respect to PTSD, depression, behavior problems, and personal safety skills in children as well as significant reductions in parental emotional distress. The CBT approach is suitable for all clinical and community-based mental health settings, and the program's effectiveness has been documented for both individual and group therapy formats. A recent followup study has documented the maintenance of children's improvements with respect to PTSD, depression, and behavior problems over a 2-year period.

Agency

Center for Children's Support
University of Medicine and Dentistry
of New Jersey
School of Osteopathic Medicine

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Clientele

The program is designed for children and adolescents ages 3 through 18 who have experienced sexual abuse. Whenever possible, a non-offending caregiver is encouraged to participate along with the child. The program has recently been modified for use with children who have experienced other forms of abuse such as physical abuse and exposure to domestic violence.

Major Services

The treatment program consists of parallel sessions with the child and his or her non-offending parent/caregiver(s), as well as joint parent-child sessions in the later stages of therapy. The treatment approach can be effectively implemented in 12 sessions and has been applied to both individual and group therapy formats. Parents are also provided with behavior management training to strengthen children's positive behaviors, while minimizing behavioral difficulties. Joint parent-child sessions are designed to help parents and children practice and utilize the skills learned during therapy as well as foster more effective parent-child communication about the abuse and related issues.

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The program developer and the Center for Children's Support provide training workshops and seminars as well as ongoing case consultation regarding the implementation of this treatment approach.

Accomplishments

In a series of randomized control trials, this CBT approach led to significant improvements with respect to PTSD, depression, behavior problems, and personal safety skills in children as well as significant reductions in parental emotional distress. Research examining the impact of the parent and child components of this treatment demonstrated the significant value of parental participation in treating children's acting out behaviors and depression. The findings also suggested the critical importance of the CBT child interventions in effectively treating PTSD in this population. A recent followup study has documented the maintenance of children's improvements with respect to PTSD, depression, and behavior problems over a 2-year period. Program results have been reported in journal articles published in the *Journal of the Academy of Child and Adolescent Psychiatry, Child Maltreatment, and Child Abuse & Neglect: the International Journal.*

Funding

The Foundation of the University of Medicine and Dentistry of New Jersey, the National Center on Child Abuse and Neglect, and the National Institute of Mental Health provided funding that contributed to the development and evaluation of the CBT Child Sexual Abuse program.

Victims of Crime Act grants, contracts and grants administered by the New Jersey Division of Youth and Family Services, and private and corporate donations have also funded individual and group therapy services provided at the Center.

Program Materials

The CBT Child Sexual Abuse program offers a treatment manual, *Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach*, and a children's book, *Let's Talk About Taking Care of You: An Educational Book About Body Safety.*

Program Developer

Esther Deblinger, Ph.D. is the clinical director of the Center for Children's Support and an associate professor of psychiatry at the University of Medicine and Dentistry of New Jersey (UMDNJ) School of Osteopathic Medicine. Dr. Deblinger has extensive research, teaching, and clinical experience in the field of child sexual abuse. For more than a decade, she and her colleagues have conducted cutting-edge clinical research, examining the impact of child sexual abuse and the treatment of the resulting conditions. This research has been supported by the Foundation of UMDNJ, the National Center on Child Abuse and Neglect, and the National Institute of Mental Health. Dr. Deblinger has co-authored numerous journal articles, the professional book, *Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach* (1996), as well as the children's book *Let's Talk About Taking Care of You: An Educational Book About Body Safety* (1999). Currently, Dr. Deblinger is on the editorial boards of the journals *Child Maltreatment* and *Trauma Practice*, and she is a frequent speaker at regional, national, and international conferences.

Cognitive Behavioral Therapy for Child Traumatic Stress

Cognitive Behavioral Therapy (CBT) for Child Traumatic Stress is a research-based treatment program that offers individual and group therapy models. CBT is used in treating a wide range of posttraumatic stress disorder (PTSD) psychiatric symptoms seen in children who have been sexually abused. In the aftermath of September 11, the program was revised specifically for use by therapists treating children who lost loved ones in New York City and Washington, DC. The revision was undertaken with support of the National Child Traumatic Stress Initiative and its Traumatic Bereavement Task Force, funded by the Substance Abuse and Mental Health Services Administration. The individual and group therapy models have been proven successful with youth ages 3 to 14 in clinical settings and in community-based mental health situations.

Agency

Allegheny General Hospital
Center for Traumatic Stress in Children
and Adolescents

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Clientele

Children ages 3 to 18 who have been exposed to traumatic life events and their parents or primary caregivers.

Major Services

Individual, family, group, and psychopharmacologic treatments for traumatized children and adolescents and their parents or caregivers.

Accomplishments

Five treatment outcome studies using this treatment mode have been completed or are underway. Study results and information have been published extensively in peer-reviewed journals and presented locally, nationally, and internationally with regard to the assessment and treatment of traumatized children.

Funding

Funding has been provided by several Federal agencies, including the National Institute of Mental Health, the U.S. Department of Justice, and the Substance Abuse and Mental Health Services Administration, plus locally funded grants.

Program Materials

The CBT for Child Traumatic Stress program offers treatment manuals that address specific types of trauma event including the *CBT Treatment Manual for Traumatic Bereavement,* the *CBT Treatment Manual for Children* (individual treatment), and the *Traumatic Bereavement CBT Group Treatment Manual for Children*. A "Treatment of Trauma in Children" audiotape is also available.

Program Developers

Judith Cohen, M.D., is a board certified child and adolescent psychiatrist, professor of psychiatry at MCP Hahnemann University School of Medicine, and medical director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital in Pittsburgh.

Anthony Mannarino, Ph.D., is a licensed clinical psychologist, professor of psychiatry at MCP Hahnemann University School of Medicine, director of the Center for Traumatic Stress in Children and Adolescents, and chair of the department of psychiatry, Allegheny General Hospital.

Drs. Cohen and Mannarino have published, taught, and presented extensively with regard to the assessment and treatment of traumatized children and have conducted several federally funded treatment studies for these children.

Cradle Rockers

The Cradle Rockers program addresses the environmental and family factors underlying the use of alcohol and illegal drugs by pregnant and postpartum women in Smith County, TX. The program is designed for high-risk mothers to reduce maltreatment of children while keeping them safe and emotionally healthy. Using a "wraparound services" concept, Cradle Rockers offers a variety of educational formats, advocacy, professional referrals, and socialization activities as well as infant developmental screenings. Since its inception in 1998, 96 percent of the women in the Cradle Rockers program retained custody of their infants, which decreased the rate of State Child and Welfare Services intervention and removal.

Agency

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Clientele

Cradle Rockers was developed to address pregnant and postpartum women and youth who have used substances in the past; females currently using substance teratogens; pregnant or postpartum mentally ill women or youth who have had their psychotropic medications removed during pregnancy and are at great risk for self-medication with alcohol, tobacco, and drugs; and dually diagnosed pregnant or postpartum women.

CRADLE
ROCKERS

Major Services

The Cradle Rockers program consists of four basic service modules: (1) prenatal education and intervention; (2) hospital and neonatal services; (3) in-home education, community support, and infant stimulation; and (4) evaluation and testing. Most services are designed for face-to-face, in-home intervention after referral. Each participant is offered wraparound services including specialized parenting education, videotaping and photographing of the child and family, advocacy with other agencies, socialization and crisis activities, doula (birth coaching) services, respite care, transportation assistance, and library use.

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Accomplishments

The central focus measurements involved in evaluating this program are Child Protective Services investigations and removals as well as mother and infant emotional and social functioning. Preliminary results indicate 72 percent of the women in the program demonstrated social and emotional skills and 96 percent of the women retained custody of their infants, which decreased the rate of State Child and Welfare Services intervention and removal.

Funding

Primarily the Texas Commission on Alcohol and Drug Abuse provides funding for this program with matching funds from the Andrews Center. Additional support is available from the Hogg Foundation and other in-kind support.

CRADLE ROCKERS

Families and Schools Together (FAST)

Families and Schools Together (FAST) is a multifamily group process for children 6 to 12 years old and their families. FAST's systematic and efficient design helps build relationships to support youth success at home and in school and the community. Rather than rely on didactic presentations or workbooks, FAST structures experiential learning opportunities within highly participatory, repetitive, and fun small group activities. Consequently, family participants with a range of literacy levels and languages are able to derive benefit from FAST. Each of the program's structured activities applies prevailing stress theory and mental health and family systems research to promote protective factors and build social capital.

Agency

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Training Contact

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FAST National Training Center
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Clientele

FAST serves multiple families raising small children in one area or locality. Program clientele are referred through a variety of local, city, county, State, and nonprofit agencies, including those involved in:

- ☐ Substance abuse and juvenile corrections prevention.
- ☐ School districts, Title I parent involvement, Safe and Drug Free Schools programs.
- ☐ Family counseling, mental health clinics, domestic violence prevention.

Major Services

FAST has comprehensive services that encompass:

- ☐ Outreach, including home visits to each family
- ☐ Multifamily support groups of 10 to 20 families per 8-week cycle
- ☐ Network therapy, to build informal and formal social networks
- ☐ Family therapy, to build family communication and strength
- ☐ Play therapy, in which parents implement and adapt play therapy used during FAST child group sessions
- ☐ Referrals to appropriate substance abuse treatment for parents and mental health services for parents and families
- ☐ Community development, engendered by 2 years of monthly multifamily group meetings run by local parents

Accomplishments

FAST has been in ongoing replication since 1990, when it was included in the Wisconsin State budget under then-Governor Tommy Thompson as a $1 million statewide replication initiative under Anti-Drug Bill 122. Today, FAST has been implemented in more than 600 communities, including 38 States and 5 countries. FAST has been identified as an Exemplary Substance Abuse Prevention Program since 1990 and also is recognized as a program effective for family strengthening and support, violence and delinquency prevention, child abuse prevention, and child mental health promotion.

Funding

The program's research and development has been funded by nine Federal agencies: the Center for Substance Abuse Prevention, Center for Mental Health Services, National Institute on Drug Abuse, Administration of Children and Families, Office of National Drug Control Policy, Office of Juvenile Justice and Delinquency Prevention, Bureau of Justice Assistance, Office of Education Research and Improvement, and Office of Special Education and Rehabilitation Services.

FAST replications have been funded by a wide variety of entities including the United Way, and funding has been granted for statewide initiatives in five States, including California, Missouri, North Carolina, South Carolina, and Wisconsin. School districts have used Federal resources such as Safe Schools/Healthy Students and 21st Century grants (e.g., Cleveland, Milwaukee), and counties have used welfare reform dollars (e.g., Cuyahoga County).

The cost per family for 30 multifamily group sessions, outreach, and referrals over 2 years is $1,200. These costs are a small investment for building lifelong supportive relationships and improved well-being.

Program Materials

FAST offers free program introductory materials, which may be obtained from the program Web site, www.wcer.wisc.edu/FAST. Training materials are only available to those who will implement FAST and purchase the full training. Available materials include *FAST Team Member Manuals* for administrators and FAST trainer interns, videotapes, and an interactive CD-ROM for trainers.

Program Developer

Lynn McDonald, Ph.D., holds a doctorate in psychology and is a social worker, family therapist, community organizer, and a researcher at the Wisconsin Center for Education Research, University of Wisconsin Madison. She also teaches graduate students in family therapy and is a married mother of two wonderful young adults. Dr. McDonald believes that university research should be applied in the community to address urgent social problems. She filters her work through her grandmother's rule, "do what makes common sense," to find the best research studies. Dr. McDonald became a mother after receiving her doctorate and used her own experience as a single mother to inform her professional commitment to building social capital. The daughter of a U.S. Department of State career diplomat, Dr. McDonald lived in five countries before attending college and believes that all parents from every culture love their children and need lots of social support to be strong parents. She is widely published and is recognized for her practitioner-researcher-advocacy work with FAST, developed in 1988.

Family Development Research Program

The Family Development Research Program (FDRP) provided a comprehensive service for low-income and undereducated families that taught them how to provide educational, nurturing, nutritional, and social experiences appropriate for their children from birth onward. Young mothers (mean age 18) were enrolled in FDRP during the last trimester of pregnancy and received weekly visits from trained paraprofessionals (CDTs) until the child graduated from the program at age 5. At 6 months old, FDRP children were enrolled in a high-quality childcare environment. Toddlers and preschoolers participated in group activities designed for sense perception, muscle/motor skills development, and creative expression. Story reading and outdoor play were a daily experience. The program included a strong nutrition component, a toy- and book-lending library for families, and parent group meetings. FDRP staff-assessed child language, cognitive development, and social interaction patterns. CDTs assessed parental involvement with carefully specified program goals; they also were active community liaisons for families.

Agency

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Clientele

FDRP recruited and enrolled young, low-income mothers (mean age 18 years) from undereducated families who had less than a high school education and were pregnant with a first- or second-born child. FDRP then continued to serve the entire family.

Major Services

Weekly home visitation was arranged to help young mothers (85 percent single parents) provide educational, nurturing, nutritional, and social experiences appropriate for their children from birth onward. CDTs assisted program families with community resources (housing, medical, library, etc.) and were family advocates in liaison with the Children's Center teachers. High-quality childcare services were provided year-round except during 2 intensive weeks for staff training each fall. Staff varied in gender and ethnicity so that children had experience with diverse, caring teachers. Bus drivers and riders as well as kitchen staff received some child development training to ensure optimal child experiences during transportation to the Children's Center and off-site enrichment activities. Parents of 3- to 6-year-old children were taught to use a standardized checklist to empower them to visit and assess classrooms before enrolling their children in kindergarten.

Accomplishments

After several years of programming, maternal evaluations revealed a strong awareness that the home visitor truly cared about each child and parent and was not only a helper but a "friend" of the family. Followup data at kindergarten revealed that FDRP graduates were friendlier toward people and more positive in seeking attention, help, and proximity with teachers than matched contrast youngsters. Followup of youth during adolescence showed that female graduates had better grades and missed significantly fewer school days than their controls. Juvenile delinquency convictions were significantly different in FDRP graduates and control youth. Four FDRP graduates (of 65 cases) had convictions (total probation cost per child = $186); 3 of the 4 convictions were "ungovernable." The 12 convicted control youth (of 54) committed more serious crimes, such as assault, robbery, and sexual abuse (total cost per child = $1, 985) and had significantly higher recidivism rates than FDRP graduates. FDRP youth reported significantly more often than control youth that they expected to continue their education 5 years from the time of interviews.

Funding

FDRP was sponsored by the Office of Child Development, Department of Health Education and Welfare.

Program Materials

FDRP-created materials (e.g., *Infant Caregiving: A Design for Training* by Honig and Lally) accompanied intensive and extensive ongoing staff training. Roles for teachers were carefully specified and assessed with ABC checklists (Adult Behaviors in Caregiving) to monitor quality of transactions with infants, toddlers, and preschoolers. The Children's Center provided care for infants up to 15–18 months in an "infant fold," with four babies per caregiver.

Program Developers

J. Ronald Lally, Ph.D., is co-director of the WestEd Laboratory for Educational Research and Development, Center for Child and Family Studies, in Sausalito, CA. He and his colleagues (together with the California Department of Education, Child Development Division) have developed a nationally acclaimed video training series for infant/toddler caregivers. Dr. Lally was project director for the FDRP in Syracuse, NY, from 1969 to 1978.

Alice Sterling Honig, Ph.D., currently professor emerita, was professor of Child Development in the Department of Child and Family Studies at Syracuse University from 1967 to 1996. She is the author of hundreds of articles and many books. Dr. Honig was program director for the Children's Center (under Dr. Bettye M. Caldwell) and the FDRP omnibus program from 1963 to 1978.

Bettye M. Caldwell, Ph.D., was founder and director of the Children's Center (the childcare component of FDRP) in Syracuse, NY, and a pioneer in the creation of high-quality infant/toddler care programs. Dr. Caldwell is professor emerita at the University of Arkansas for Medical Sciences in Little Rock.

Peter Mangione, Ph.D., is the co-director (with Dr. Lally) of the WestEd Center for Child and Family Studies in Sausalito, CA, and has been responsible for analysis of longitudinal outcome data for the FDRP project.

Family Matters

Family Matters is a family-directed program that reduces adolescents' alcohol and tobacco use. It involves successive mailings of four booklets to families and followup telephone discussions with health educators after each mailing. The four booklets contain reading materials and activities intended to influence:

- ☐ Family participation in the program
- ☐ Family characteristics not specific to alcohol and tobacco use, such as parent supervision, communication skills, and attachment
- ☐ Alcohol- and tobacco-specific factors, such as family encouragement and discouragement of substance use; family rules concerning use; and ways to monitor use
- ☐ Variables that originate outside the family that can influence adolescent substance use, such as peers and mass media

Family Matters is designed for general populations, optimizes family participation, and can be broadly disseminated.

Agency

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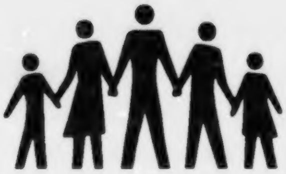

Clientele

Family Matters targets families of 12- to 14-year-old adolescents. It is designed for all adolescents and families, regardless of past and current experiences with alcohol, tobacco, and other risk characteristics. Any type of organization can deliver the program.

Major Services

Parents and other adult family members read the booklets, discuss the content with other adult family members and the adolescent, and engage in activities related to the content. Activities include practice at communication, clarification, and establishment of rules related to adolescent alcohol and tobacco use. The health educators, who receive 1 day of training and continued supervision, contact an adult family member 2 weeks after each mailing to answer questions, determine if the booklet has been read and activities completed, encourage participation if indicated, and record information on participation and program satisfaction. The program can be implemented independent of or in collaboration with schools or by other organizations. Family Matters is designed for adolescent nonusers and users of alcohol and tobacco and can be completed at times that are most convenient for families.

Accomplishments

The program was evaluated with a national sample of more than 1,000 adolescents and their families identified through random digit dialing of telephone numbers. Data were gathered at baseline. Families were then randomly allocated to receive the program or to serve as controls.

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Data were also gathered 3 and 12 months after program completion from adolescents and their parents. Publications from the research suggest that the program significantly influenced the prevalence of adolescent cigarette smoking and drinking by preventing the initiation of these substances. Additional publications report findings from analyses on program effects for communication and on hypothesized mediators of program effects.

Funding

The National Institute on Drug Abuse funded the design, implementation, and evaluation of Family Matters.

Program Materials

Program materials can be viewed and downloaded at the Family Matters Web site, located at www.sph.unc.edu/familymatters/index.htm. The *Health Educator Guidebook* was used to train health educators and to guide their contacts with adult family members. The four booklets mailed to adult family members are *Why Family Matters, Helping Families Matter to Teens, Alcohol and Tobacco Rules Are Family Matters,* and *Non-Family Influences That Matter.* Incentives (Badge of Honor, balloons) are provided with each booklet.

Program Developer

Karl E. Bauman, Ph.D.; Vangie A. Foshee, Ph.D.; and Susan T. Ennett, Ph.D, were responsible for the development of Family Matters. They are faculty members in the Department of Health Behavior and Health Education of the University of North Carolina at Chapel Hill, School of Public Health. Their research contributions include longitudinal studies of the etiology of adolescent drug behaviors and the design and evaluation of programs designed to reduce adolescent drug use.

Girls Incorporated/Friendly PEERsuasion

Friendly PEERsuasion℠ is a leadership and substance use prevention program designed for girls ages 11 through 14. The Girls Incorporated National Resource Center developed the program, which uses a process of "anticipatory socialization" to teach girls to see themselves as future leaders. Girls learn about tobacco, alcohol, prescription drugs, over-the-counter medications, "natural treatments," and illicit drugs. Media and peer influences are also discussed. As these girls become more likely to identify with the values and norms expressed by the program, they become PEERsuaders and, in turn, plan and deliver substance abuse prevention activities to elementary school-age children. Studies show PEERsuasion significantly reduced the incidence of drinking among participating girls and the onset of drinking among girls who had not previously drunk alcohol and that PEERsuaders were more likely to leave gatherings where people were drinking alcohol. The program also led girls to disengage from peers who smoked or used drugs.

Agency

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Clientele

Friendly PEERsuasion℠ is designed for implementation with girls ages 11 to 14. Girls Inc. affiliates and licensees implemented the program at schools, community centers, religious organizations, and Girls Inc. centers. Since the program's initial pilot phase in 1987, almost 65,000 girls have participated in Friendly PEERsuasion℠.

Major Services

Girls Incorporated licenses programs, community organizations, collaborations, etc. "Licensees" are provided with all program materials, support materials, and technical assistance needed to implement the program. Three-day implementation trainings are provided on a periodic basis and licensees' contracts stipulate that facilitators must attend training.

Accomplishments

An independent evaluation showed that Friendly PEERsuasion℠ helped to delay 11- and 12-year-old girls' use of harmful substances, especially by giving them the skills to leave situations where their peers were using drugs.

Funding

Past funding sources include the Center for Substance Abuse Prevention (CSAP), the W. T. Grant Foundation, IBM Corporation, the Nancy Reagan Foundation, the Scaife Family Foundation, and the Metropolitan Life Foundation. Current support comes from the MetLife Foundation and the Centers for Disease Control and Prevention (CDC).

Program Materials

Program materials include the 15-session *Facilitation Guide* for use with girls ages 11 through 14, "Girls and Substance Use" fact sheet and "Girls and Tobacco Use" fact sheet (both updated regularly), evaluation materials, logic model, and resource lists. While the original curriculum had a companion "Teaching Kit," which was provided to all girls in the program, the revised curriculum to be released in summer 2002 has incorporated these materials into the facilitation guide. Facilitators are then asked to provide a folder or notebook for each girl and to distribute teaching materials to girls at the appropriate times.

The *Facilitation Guide* will be available in Spanish in fall of 2002.

Program Developers

Gail Thomas Strong is the manager of Learning Services for WFYI, Indianapolis's PBS affiliate. Her work experience includes public school teacher, director of program services for a Girls Club (now Girls Incorporated) affiliate, and various positions with the Indiana Youth Institute. She has also been a consultant for a variety of national youth-serving organizations including Girls Incorporated. Ms. Strong is a certified trainer of Friendly PEERsuasion^{SM}.

Dolores Wisdom served as an information specialist and project director for substance use prevention and sports programs for Girls Incorporated at the time that Friendly PEERsuasion^{SM} was developed. She is now an independent consultant in the area of curriculum development and has contributed to a variety of Girls Incorporated programs.

Good Behavior Game

The Good Behavior Game (GBG) is an effective classroom behavior-management strategy that promotes positive behavior and reduces general classroom disruption. Basic behavioral theory and research provide the underlying principles of the game, which uses a team-based approach to manage student behavior. Students are divided into groups, monitored, and then rewarded if all members of the team avoid prohibited behaviors. "Winning" is contingent on the whole team's behavior, creating a classroom norm that encourages appropriate behavior and discourages disruptiveness. This group contingency is central to the effectiveness of the intervention. Using positive reinforcement and peer pressure, GBG supports classroom rules while enhancing the teacher's authority, giving the teacher a much-needed tool for managing and maintaining positive student behavior. Because GBG is a strategy and not a curriculum, it can be incorporated seamlessly into ongoing instructional activity and can be played at any time during the school day. The game itself was developed more than 30 years ago; however, in 1984, Dr. Sheppard Kellam and his colleagues at the Johns Hopkins School of Public Health adapted this version, which has the strongest evidence of positive effects.

Agency

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Clientele

GBG has been replicated more than a dozen times, in both regular and special education settings, with children from preschool through adolescence. It is a strategy that teachers can employ during their ordinary instructional time.

Major Services

Classroom behavior management to reduce general disruption, aggression, and shyness in the classroom.

Accomplishments

In addition to its selection as an effective program by the Center for Substance Abuse Prevention, the Office of Juvenile Justice and Delinquency Prevention has named GBG a promising program.

A developmental epidemiological randomized prevention field trial conducted in 40 Baltimore first- and second-grade classrooms in 1984-85 tested the effects of GBG on students over time. Trial results showed that:

- ☐ GBG improved aggressive behaviors from fall to spring in the first grade and into middle school, especially for more aggressive boys with higher levels of concentration problems and for aggressive boys in disrupted first-grade classrooms.
- ☐ Boys in GBG classrooms were at reduced risk at age 14 for initiating tobacco use relative to control children. In a second

generation of trials, which tested GBG combined with curriculum enhancements, both boys and girls had reduced risk.

- Three patterns of aggressive behavior were found from first through seventh grade. The highest level of drug use was found among the 15 percent of males with initial and continuing high levels of aggression. In the standard setting group, 100 percent reported using illicit drugs, whereas in the GBG group, only 55 percent reported using illicit drugs in their lifetime.

Funding

This work was done through a Prevention Research Center grant supported by the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA) as well as other foundation support. Additionally, training and other implementation support was provided, in part, through a unique partnership with the Baltimore City Public School System.

Program Materials

Program materials include the Good Behavior Game manual for teachers, the *My Good Behavior* booklet for each student, team rosters (for each month), team score sheets (for each week), and a list of suggested student rewards for each month. Program visual aids include a board with GBG "rules," a scoreboard (magnetic letters/numbers to be used with the classroom chalkboard), a timer, and an ink stamp for rewarding "good behavior" marks in student booklets. Evaluation forms are also provided for ongoing collection and analysis of program outcomes data.

Program Developer

Sheppard G. Kellam, M.D., is a public health psychiatrist who has played a major role in establishing the structure and methods of prevention science as well as contributing to the body of knowledge about early risk factors and their malleability. In 1996, Dr. Kellam was awarded the coveted Rema Lapouse Award for lifetime contributions to public health and prevention science by the Mental Health, Epidemiology, and Statistics Sections of the American Public Health Association. In 1999, the World Federation for Mental Health presented him with their Distinguished Public Mental Health Award.

High/Scope Perry Preschool Project

Established in 1962, the High/Scope Perry Preschool Project continues to be a thriving active early childhood education program and longitudinal research project. A universal intervention developed for preschool children, High/Scope provides teachers and caregivers with a blueprint for "child-initiated learning," an approach proven to promote healthy development of children and provide benefits through adulthood.

The High/Scope approach incorporates five elements that blend practical teaching and classroom experience with studies on how infants and children learn and develop. Teachers and others caring for small children are trained how to organize the classroom and playground; create a consistent, predictable routine; and interact with children in a warm and supportive manner.

A study of data gathered on 27-year-old adults who had participated in High/Scope and a similar group that received no preschool program showed the High/Scope group had half as many criminal arrests, higher earnings, more property wealth, and greater commitment to marriage than the no-program group. Over participants' lifetimes, the public is receiving an estimated $7.16 for every dollar originally invested.

Agency

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HIGH/SCOPE.
Educational Research Foundation

Clientele

The High/Scope approach is now used for all children, regardless of income or risk factors, and has been successfully implemented in both urban and rural settings in the United States and around the world. The High/Scope preschool approach is used in both public and private half- and full-day preschools, nursery schools, Head Start programs, child care centers, home-based child care programs, and programs for children with special needs.

Major Services

High/Scope offers extensive training programs for adults in the High/Scope educational approach. Training options include 1- and 2-day workshops, weeklong institutes, and multiple week programs. The High/Scope Foundation provides materials and training services to teachers and administrators who want to implement the High/Scope approach to preschool education in their programs. All High/Scope training is designed to provide concrete strategies and information that participants can take back to their own classroom, center, or home. The lengthier training programs also prepare participants to train others.

Accomplishments

The High/Scope Perry Preschool Study examined the effects, through adulthood, of a preschool program using the High/Scope education model with children living in poverty (at high risk for high school failure), compared to children with similar background variables not receiving the program. At age 27, only 7 percent of the program group had been arrested for crimes of drug dealing or drug making, compared to 25 percent of the no-program group. The study found a variety of persistent effects on school achievement and literacy, high school graduation, adult earnings, home ownership, and lifetime arrest rates.

Its proven results have garnered the High/Scope program numerous awards and citations from the National Head Start Association, the American Psychological Association, and the Committee for Economic Development. The Office of Juvenile Justice Delinquency Prevention has named it a Promising Program.

Funding

Program grants, contracts from both governmental and private sources, and private gifts support High/Scope's programs.

Program Materials

The High/Scope Press publishes more than 300 titles in print, video, cassette, and CD formats. High/Scope Press publications are designed to support teachers, caregivers, policymakers, researchers, and parents by sharing High/Scope's research findings and practical curriculum strategies. Titles, descriptions, and prices are listed on High/Scope's Web site at www.highscope.org.

Program Developers

David P. Weikart, Ph.D., founder and president emeritus of the High/Scope Educational Research Foundation, instituted the High/Scope Preschool Curriculum in 1962, when he initiated two longitudinal preschool research studies, the High/Scope Perry Preschool Project and the High/Scope Curriculum Comparison Project. Dr. Weikart also established the High/Scope Institute for IDEAS, a residential program for adolescents. He has written numerous books and journal articles in the fields of education and psychology and speaks frequently to a variety of audiences on the long-term benefits of high quality early childhood education. Dr. Weikart is coauthor of the High/Scope preschool manual *Educating Young Children: Active Learning Practices for Preschool and Child Care Programs,* published in 1995. Although retired, Dr. Weikart remains an active member of the High/Scope Foundation Board of Directors.

Larry Schweinhart, Ph.D., senior research scientist for the High/Scope Foundation, is an early childhood program researcher and speaker for policymakers, educators, and advocates throughout the United States and in other countries. He has conducted research at the High/Scope Educational Research Foundation since 1975 and chaired its research division since 1989. Dr. Schweinhart currently directs the following projects: the High/Scope Perry Preschool Study; the High/Scope Preschool Curriculum Comparison Study; High/Scope's Head Start Quality Research Center, a longitudinal State evaluation of the Michigan School Readiness Program for at-risk 4-year-olds; and the development and validation of the High/Scope Child Observation Record as a way to assess young children's development from infancy through elementary school.

Arthur W. Stellar, Ph.D., High/Scope Foundation's current president and CEO, previously served as superintendent of schools in Kingston, NY. Dr. Stellar has experienced all aspects of the education system firsthand and has experience as a curriculum coordinator, language arts instructor, and head teacher for a learning disabilities program. A Fulbright scholar, Dr. Stellar has written numerous articles, book reviews, and books on educational practice and administration and has received many national honors and awards as an educator and administrator, including the "Leadership for Learning" award from the American Association of School Administrators.

Houston Parent-Child Development Program

The Houston Parent-Child Development Program (H-PCDP) is as a culturally sensitive, primary prevention project that prevents school failure and problem behavior in Mexican-American children from low-income families.

The program was intensive, requiring 2 years and more than 500 hours of family time. The first year, in-home educators visited H-PCDP families 25 to 32 times. During these 90-minute home visits, mothers were offered English lessons, and families learned how to obtain assistance from social services agencies. In addition, entire families had the opportunity to take part in four weekend workshops. In the second year, mothers and their 2-year-old children went to the project center four mornings a week. The mothers took classes on childcare, child management, and household management. The children attended a preschool that used the Palmer Concept Development curriculum. English and Spanish were integrated in classes for mothers, and parents participated in the program's Parent Advisory Council.

Agency

University of Houston

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Clientele

H-PCDP was designed for Mexican-American families with young children. With appropriate modification to meet cultural requirements, it could be used with other ethnic groups.

Major Services

This intensive, 2-year outreach intervention helps give families the skills and contacts they need to obtain and use needed social services. It provides mothers with childcare, child management, and household management classes, and a preschool experience for their young children.

Accomplishments

Immediate post-program evaluations showed that the program developed behaviors in the mothers that promoted positive behavior and task orientation in the children. Program children had higher IQs than children in non-program control groups. As preschoolers, the program children had fewer behavior problems than control children as reported by mothers and teachers. This finding persisted in a series of followups into high school. Program children also had higher achievement test scores in elementary, middle, and high school. All of these differences were statistically significant; however, there was some indication of a lessening of effects as children grew older.

Funding

The program development phase was funded by a series of Federal funding agencies, including the Office of Economic Opportunity, the Office of Child Development, and the Agency for Children and Families (ACF). ACF and the Lilly Foundation assisted in the first dissemination phase. The Hogg Foundation, Spencer Foundation, and Carnegie Corporation of New York funded followup investigations.

Program Materials

H-PCDP has a four-volume curriculum set, most of which is available on computer disk. The curriculum covers the three program phases—In-Home Curriculum, Family Workshop Curriculum, and In-Center Curriculum. Another volume, English Language Lessons for Spanish-Speaking Adults, completes the set.

Program Developer

H-PCDP was developed by the University of Houston's department of psychology under the direction of Dale L. Johnson, Ph.D., who was the department chair and the project's principal investigator. H-PCDP is one of many projects that has operated from Dr. Johnson's Parent-Child Center. He holds a doctorate in clinical and developmental psychology. He also was chairman of the department and, at different times, directed the clinical and the developmental graduate training programs. Dr. Johnson has retired from the University and now lives in Taos, NM. However, he currently teaches online courses. In addition to publishing six books, two treatment manuals, and more than 100 journal articles and book chapters, Dr. Johnson received a Fulbright Lecturer Award to Norway, 1973–1974, and the Hildreth Award for Public Service in 2000. He was member of the National Advisory Mental Health Council of National Institute of Mental Health, 1997–2000; elected president of the National Alliance for the Mentally Ill, 1992; and is president-elect of the World Fellowship for Schizophrenia and Allied Disorders.

Lions-Quest *Skills for Adolescence*

Lions-Quest *Skills for Adolescence* is a comprehensive school-based program for youth that aims to develop their self-discipline, responsibility, and good judgment; positive commitments to their families, schools, peers, and communities; and their commitment to lead healthy, drug-free lives. Designed for middle school adolescents 12 to 14 years old, *Skills for Adolescence* has been translated into 20 languages and is widely used in the United States, Canada, and 23 other countries. The program uses a school-parent-community network to address risk and protective factors related to reducing substance use, violence, and other health-compromising behaviors. Compared to nonprogram students, *Skills for Adolescence* students had significantly higher perceptions of the harmful health effects of drinking beer and significantly lower levels of current beer, liquor, and tobacco use and intentions to use these substances. *Skills for Adolescence* students also had half the rates of misconduct and truancy than other students.

Agency
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LIONS-QUEST
Skills for Adolescence
A Positive Youth Development Program, FOURTH EDITION
For Middle and Junior High Schools

Clientele
Lions-Quest *Skills for Adolescence* is designed for the middle/junior high school grades and is part of a comprehensive K-12 initiative. Additionally, key support agents of the adolescents are targeted for consistent and uniform support. *Skills for Adolescence* teacher training provides invaluable preparation for integrating *Skills for Adolescence* and the students' support system network into the home and community.

Major Services
Quest International offers training for all teachers regardless of workshop location. In addition to trainers and consultants, *Skills for Adolescence* offers dedicated, full-time technical assistance through toll-free phone contact or site visits. *Skills for Adolescence* has followup workshop experiences or opportunities available as well as program evaluation assistance and survey instruments.

Accomplishments
Lions-Quest has been successfully replicated in more than 10,000 schools and represents one of the most widely used programs internationally, with 34 countries and 17 different cultural and language adoptions. The program's success has been featured in the *American Association of School Administrators Journal, Parade Magazine, Financial Times,* the *Phi Delta Kappan, Youth Today,* and the *National Association of Secondary School Principals Journal.*

Skills for Adolescence research and outcomes have been recognized and funded by the Search Institute, the Centers for Disease Control and Prevention (CDC), the U.S. Department of Education, and the Urban Institute and singled out for excellence by Dr. Debra Prothow Stith of Harvard University and Dr. Maurice Elias of Rutgers University.

Funding

The Kellogg Foundation, CDC, and the National Institute on Drug Abuse funded the program's research and development. Current teacher training and program implementation is supported, in large part, by Lions Clubs International, U.S. Department of Education Safe and Drug-Free Schools funding, Chapter One, local school program funds, and other school district resources.

Program Materials

All program materials received at the 2-day *Skills for Adolescence* training workshop include the easy-to-use lesson plans, implementation guides, student and family resources, and other classroom support materials. These materials are contained in the *Skills for Adolescence Curriculum Manual*, which contains 8 flexible units with 103 skill-building sessions, and a comprehensive drug information guide; a *Teachers' Resource Guide*; *Supporting Young Adolescents*, a parent meetings guide, and detailed meeting planner with reproducible handouts. Other publications are *The Surprising Years*, an easy-to-read, informative book that helps parents better understand their adolescents, and *Changes and Challenges*, a student book containing articles, worksheets, and activities. Regional training workshop participants receive a teacher set of 25 student books free. A tote bag, strong enough to support all of the *Skills for Adolescence* resources, is also provided.

Program Developer

Susan Keister, M. Ed., is an author, speaker, workshop facilitator, and educational leader with more than 25 years of experience in leading Quest International's research and development efforts in comprehensive school reform, drug use prevention, and violence and social and emotional competencies. Dr. Keister served as vice president for program development at Quest and led the development of the internationally acclaimed positive youth development programs, including Lions-Quest Skills for *Growing and Working It Out* (grades K-5); *Skills for Adolescence and Working Toward Peace* (grades 6-8); *Skills for Action, Teen-Alcohol and Other Drugs; and Promoting Peace and Preventing Violence* (grades 9-12). Along with writing numerous articles for national publications, serving as editor of *Energizer* magazine, and developing K-12 professional training, Dr. Keister has participated in the adaptation, translation, and customization of Quest's programs in more than 34 countries and all 50 States. As a result, Lions-Quest was translated into 17 languages and has reached more than 12 million young people annually. Before joining Quest, Dr. Keister taught English and Quest in grades 5 through 12 in urban, suburban, and rural school districts. Between 1998 and 2001, she was named a Fetzer Institute Fellow for her work in transformational school reform. She holds an M.A. in curriculum development and supervision from Michigan State University.

Middle Earth Peer Assistance Program

For more than 30 years, the Middle Earth Peer Assistance Program has provided campus alcohol education and peer assistance at the University at Albany, State University of New York. The program's prevention initiatives are based on the social norms model, implementing proactive preventive activities and initiatives as well as projects that broaden public awareness of healthy lifestyles and safety. Middle Earth's three primary service units are a student-driven hotline, a peer education program, and staff development and training. These services are available to more than 17,000 students who comprise the campus community. Both process and outcome research suggest that the program demonstrates effectiveness in altering the campus culture toward reduced drinking, including significant reductions in norm misperceptions, drinking rates, high-risk behaviors, and increases in use of protective behaviors.

Agency

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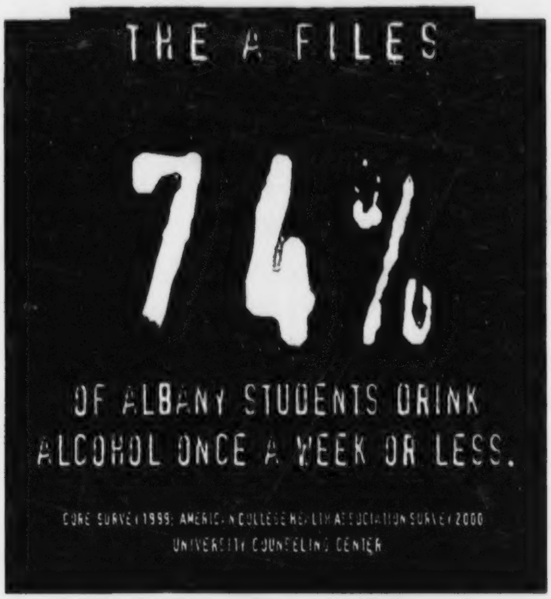
Clientele

The Middle Earth program targets the University at Albany campus community of more than 17,000 undergraduate and graduate students.

Major Services

The Middle Earth program seeks to (1) prevent alcohol abuse by educating all segments of the campus community regarding accurate norms on drinking and drug use rates; (2) promote, reinforce, and support healthy lifestyle choices and low-risk behaviors; and (3) disseminate information concerning the University at Albany prevention program to other colleges and universities on local, State, and national levels. The program is comprised of three primary service units: a hotline, peer education program, and staff development and training, which either carry out or interface with social norms-based activities. Because the program is recognized by the University's student government association, there is an active executive board comprised of student leaders who influence the program's direction.



THE A FILES

74%

OF ALBANY STUDENTS DRINK
ALCOHOL ONCE A WEEK OR LESS.

CORE SURVEY 1999; AMERICAN COLLEGE HEALTH ASSOCIATION SURVEY 2000
UNIVERSITY COUNSELING CENTER

Accomplishments

Both process and outcome research conducted within the Middle Earth program to date suggests that program initiatives are demonstrating effectiveness in altering the campus culture toward reduced drinking, including significant reductions in norm misperceptions, reductions in drinking rates and high-risk behaviors, and increases in the use of protective factors.

Funding

Middle Earth Peer Assistance Program is supported by the University at Albany, State University of New York and the University's Student Association.

BEST COPY AVAILABLE

Mpowerment Project

The Mpowerment Project is a community-level HIV prevention intervention that relies on influential peers of gay and bisexual men to sway others toward a community-wide acceptance of a safer sex norm. The program draws on the theory of diffusion of innovations, which suggests that people are most likely to adopt new behaviors that have already been accepted by others who are similar to them and whom they respect.

Mpowerment focuses on young gay/bisexual men's social concerns since formative research indicated that the threat of contracting HIV does not particularly motivate or captivate young gay/bisexual men. Hence, the program relates HIV risk reduction to the satisfaction of other, more compelling needs. It was developed through an intensive research process, including interviews and focus groups with young gay/bisexual men, as well as interviews with HIV prevention service providers. The Mpowerment Project uses an empowerment model, in which the participating young men take charge of the project, since behavior change is more lasting when individuals are actively involved in identifying their problems and finding and implementing solutions.

Agency

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Clientele

The Mpowerment Project was designed for and tested with gay and bisexual men 18 to 29 years old.

Major Services

The Mpowerment Project is run by a core group of 10 to 20 young gay men from the community, plus paid staff. The core group, along with other volunteers, designs and executes all project activities. The program relies on a set of four integrated activities that include **formal outreach** at locations and events to discuss and promote safer sex; **M-groups**, peer-led, 3-hour meetings in which 8 to 10 young gay men discuss factors contributing to unsafe sex among the men; **informal outreach**, which consists of young men who have been influenced by Mpowerment discussing safer sex with their friends; and **perpetual publicity campaigns**, to attract men to the project by word of mouth and through articles and advertisements in gay newspapers.

Accomplishments

The Mpowerment Project met the Centers for Disease Control and Prevention's (CDC's) Research Synthesis Project criteria for relevance and methodological rigor. It has the positive and significant behavioral/health findings required for listing in CDC's Compendium of HIV Prevention Interventions with Evidence of Effectiveness.

Additionally, the Mpowerment Project was selected by CDC to be one of the Replication of Effective Programs (REP) Projects. REP supported the original researchers to develop a user-friendly package of materials designed for prevention practitioners. The Mpowerment Project's REP materials are the products of extensive collaboration between researchers, community-based HIV organizations, health department officials, and previous participants in the intervention.

Funding

The National Institute of Mental Health (NIMH) supported the development and testing of the Mpowerment Project. Replication materials were developed, tested, and refined with support from CDC, the State of California's University-wide AIDS Research Program, and NIMH.

Program Materials

The Mpowerment Project developers are creating The Mpowerment Project Technology Exchange System (MPTES) to help put the Mpowerment Project into wider use. This state-of-the-art technology transfer system is based on proven scientific principles including diffusion of innovations and social learning theories. Prevention providers seeking to replicate Mpowerment will be evaluated, then offered program components tailored to their specific needs. Components of the MPTES include program overview and facilitator training videos; a program manual; facilitator guide; Internet resources, such as a Web site, topical chat rooms, and electronic discussion group; 3-day training program; and ongoing technical assistance.

Program Developer

Susan M. Kegeles, Ph.D., is a professor of medicine at the University of California's Center for AIDS Prevention Studies/AIDS Research Institute. Dr. Kegeles was trained in social psychology at the University of California at Berkeley. She is well known for her research on behavioral interventions regarding AIDS risk behavior. She has been the principal investigator on several National Institutes of Health projects as well as a variety of other Federal and State grants. In addition to her work with young gay/bisexual men and technology exchange, Dr. Kegeles has worked on teen pregnancy prevention and several projects with injection drug users. As part of an NIMH international HIV prevention intervention, she worked on an HIV prevention program with young people in Peru. She has considerable experience in designing and evaluating community-level behavioral interventions for changing HIV risk behavior and has worked as a consultant with the World Health Organization. Dr. Kegeles is also known for her work as a principal investigator in the development of the AIDS Risk Reduction Model (ARRM). This AIDS risk model combines elements from the theory of reasoned action, the health belief model, social learning theory, and theories of emotion and communication.

Parenting Wisely

The Parenting Wisely intervention is a self-administered CD-ROM program developed for parents of delinquent adolescents and those with children (9 to 18 years old) at risk for delinquency. The program teaches parents of preadolescent and adolescent children important skills that lay the foundation for combating risk factors for substance use and abuse. Using a risk-focused approach, the Parenting Wisely program reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and discipline.

Parents use this program privately in a social service agency, community center, school, or at home on a laptop computer. The highly interactive and nonjudgmental CD-ROM format accelerates learning, and parents implement improved parenting skills immediately. Semi-literate parents can use the Parenting Wisely program, as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth-grade level. The program is available in Spanish.

Agency

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Clientele

Parenting Wisely is aimed at families with delinquent children or children at risk for becoming delinquent. Children 9 to 18 years old are usually targeted, especially during the middle and junior high school transition years. In particular, Parenting Wisely focuses on families who do not usually seek out or complete mental health or parent education treatment for child problem behaviors. Single parent families and stepfamilies whose children exhibit behavior problems comprise the majority of families targeted. Formal research has been conducted on the program with low-income, poorly educated parents.

Major Services

Parents (and children) use the CD-ROM program, unassisted, over one to three sessions in 2 to 3.5 hours, depending upon the amount of discussion users engage in and the pace they select. The program depicts nine problems typical of most families and several common methods which parents use to deal with these problems in daily family life. Group use of the program by three to eight parents is beneficial and promotes discussion.

The program covers monitoring and supervision of children, communication skills, problem solving skills, contracting, token economies, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, stepfamily problems, single parent issues, violence, and others. Only one staff member needs to be involved in the actual delivery of the program to turn on the equipment, demonstrate the use of the mouse cursor, and turn off the equipment at the end of the day. Training to use and administer the program is not necessary but is available to increase staff and community enthusiasm for the program.

Accomplishments

Eight controlled studies have been conducted on this program. One study, to determine the effectiveness of an interactive parent training program for changing adolescent behavior for court-referred parents, showed significant positive results.

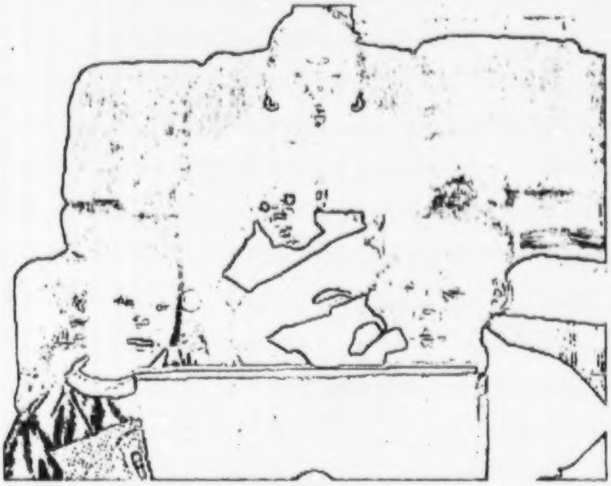
Eighty parents whose children had been involved with juvenile court or children's services received either the Parenting Adolescents Wisely interactive videodisc program or treatment as usual (usually probation for their adolescents). Parents (almost always single mothers) used the program in a public library, a group home for delinquents, or in a university facility. For the Parenting Wisely group, scores on the Eyberg Child Behavior Inventory declined (improved) by more than 50 percent at 1, 3, and 6 months after treatment. For the control group, these scores did not change. A court mandate to use the program did not lessen the positive effects or produce parental dissatisfaction with the program.

Funding

The Office of Juvenile Justice and Delinquency Prevention provided a Formula Grant for the program's evaluation component. Ohio University funded the videotaping and video editing of the program's audiovisual components. Program developer Dr. Donald A. Gordon provided the bulk of funding for Parenting Wisely.

Program Materials

The Parenting Wisely program is contained on a CD-ROM that is played on a personal computer with a CD-ROM player and the ability to play video and sound. Complete program materials include one interactive CD, a program manual, five parent workbooks, parent completion certificates, a program poster, referral cards, and a floppy disc containing evaluation instruments (for duplication). The program is copyrighted and is sold by Family Works, Inc., at Ohio University's Innovation and Technology Center.



Program Developer

Donald A. Gordon, Ph.D., is a professor of psychology at Ohio University and a child and family clinical psychologist by training. After an internship in child psychology, he served as chief of psychology service in an Army hospital for 2 years. He has taught and trained clinical psychologists during his 28 years at Emory and Ohio Universities. Dr. Gordon's research has focused on family interactions and the development and evaluation of parent and family interventions to reduce children's risk for behavior problems. He has treated families privately and consults with organizations serving children and families, including juvenile courts. Dr. Gordon has developed or modified three parent or family interventions which are used nationally and internationally: Functional Family Therapy, the Children In The Middle program for divorcing families, and the Parenting Wisely CD-ROM program. All three programs have received best practices recognition from leading professional review panels. He has published more than 50 research articles in scientific journals and has received numerous State, Federal, international, and private foundation grants.

Dr. Gordon is an experienced speaker, presenting approximately eight workshops and two keynote addresses to professional conferences each year. His audiences vary from parents to practitioners to other professional trainers and academicians.

Parents Who Host, Lose the Most

"Parents Who Host, Lose the Most; Don't be a party to teenage drinking" is a public awareness campaign funded through the Ohio Department of Alcohol and Drug Addiction Services with a grant from the Office of Juvenile Justice and Delinquency Prevention, Enforcing Underage Drinking Laws Initiative. The annual campaign targets Ohio parents to educate them about the legal and health ramifications associated with underage alcohol consumption at house parties. With Hope Taft, the first lady of Ohio, as a spokesperson for the initiative, the campaign disseminates radio ads and television public service announcements (PSAs) statewide through partnering corporations and local communities. An extensive statewide evaluation of targeted households reports that 82 percent of the respondents agreed that the message was helpful. Fifty percent of surveyed parents indicated that if parents knew of the Ohio underage drinking laws, it would prevent them from hosting underage alcohol parties.

Agency

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PARENTS WHO HOST LOSE THE MOST
Don't be a party to teenage drinking.
It's against the law.

State Prevention Designee

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Clientele

The "Parents Who Host, Lost the Most" campaign targets all Ohio parents of teenagers. According to the 2000 Ohio Census, this translates into approximately 1.8 million adults between the ages of 35 and 44.

Major Services

The campaign targets parents of teenagers to inform them about the legal and health risks associated with providing alcohol to teenagers. The principal strategy used to raise awareness is information dissemination, followed by 30-second radio ads, localized campaign kits, and a video PSA. With over 13 corporations and participating chains, the campaign message is posted on stickers, posters, inserts, announcements, newsletters, Web sites, etc., for parents to receive a comprehensive message.

Accomplishments

A targeted household telephone survey yielded results that the campaign was effective in numerous ways. One significant note is that 83 percent of the parents found the campaign useful, with almost 60 percent having discussions with their youth about the dangers associated with teen parties. Due to ease with replication, the campaign has been requested for implementation in 18 States.

Funding

The Office of Juvenile Justice and Delinquency Prevention, Enforcing Underage Drinking Laws Initiative provides support for the campaign.

Peers Making Peace

Peers Making Peace is a school-based, peer-led prevention program. Teams of students are trained to serve as "drug-free role models" and "neutral third parties" and provide highly structured and scripted mediation services for peers who lack conflict-resolution skills and are at increased risk for substance use/abuse. Student mediators serve as coaches in skills development, reinforce positive social attitudes and behaviors, and assist in developing formal agreements between disputants with stated outcomes, consequences, and followup. The program, offered in elementary, middle, and high schools, provides a continuum of consistent substance abuse prevention education that develops and enhances resiliency assets and protective factors in the individual, family, and school domains. Evaluation results demonstrate major success in six areas compared with those schools not receiving this program—with a 27 percent decrease in drug and alcohol use, 57 percent decrease in disciplinary referrals, 90 percent decrease in assaults, 73 percent decrease in expulsions, and a 19 percent increase in academic performance.

Agency

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Clientele

The program involves both universal and selective populations of children and youth ages 5–20 in elementary, middle, and high schools.

Major Services

The program is based on a combination of proven prevention strategies that are known to decrease the likelihood that youth will initiate or continue use or abuse of substances, including life/social skills training, peer-led modeling and coaching, prevention education, conflict resolution training, the involvement of parents in learning conflict resolution, and mediation skills. This combination enhances resiliency assets and protective factors in the individual, peer, and school domains. The program offers a continuum of skill development and non-use norms throughout the school experience.

Accomplishments

During the last biannual evaluation, 97.7 percent of more than 1,300 mediations held resulted in a positive outcome or agreement. In addition, aggregate comparisons between intervention and comparison schools with six variables have shown significant decreases in drug use (15.9 percent), alcohol use (12 percent), disciplinary referrals (57.7 percent), assaults (90.2 percent), and expulsions (73 percent) and an increase in academic performance (18.9 percent). Peers Making Peace was recognized by the U.S. Department of Education's Safe and Drug-Free Schools Expert Panel and awarded the 2000 Promising Programs for Safe, Disciplined, and Drug-Free Schools Award.

Funding

The Texas Commission on Alcohol and Drug Abuse supports this program with participating schools providing additional funding.

Project Venture

Project Venture is a year-round prevention program comprised of a set of key components adapted for high-risk Native American youth in tribal, alternative, and public schools. For more than 12 years, the program has engaged youth actively in service as a means of investing in the community and reconnecting them with positive adult role models. The major intervention strategies include summer skill-building leadership camps and outdoor adventure activities, followed by school- and community-based programs and training opportunities for youth, parents, school staff, and service providers. These strategies are designed to develop skills, self-confidence, teamwork, cooperation, and trust. Project Venture is currently being replicated or adapted in more than a dozen communities around the Nation because of its appeal as a culturally appropriate prevention program. Among its many accomplishments, the program has shown significant reductions in delaying the onset of lifetime use of alcohol and marijuana.

Agency

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Clientele

The target population served by Project Venture consists primarily of Navajo high-risk youth in grades 6-9 attending McKinley County Schools in Western, NM.

Major Services

Project Venture is a year-round prevention program comprised of components adapted for Native American youth. All activities and strategies are chosen because they connect with both traditional Native cultural activities as well as appropriate learning styles of the target population. The program begins with a summer initiator camp to recruit and introduce the program's basic tenets. Service learning projects occur during summer camps and at regular intervals during the school year. Project Venture activities focus on the individual, peer, and school domains to improve decisionmaking skills; strengthen self-efficacy and self-esteem; reduce risk levels; prevent, reduce, or delay the onset of substance use/abuse; develop a positive peer cadre; develop group process skills; teach parents to care about schooling; improve school bonding; and increase cultural sensitivity at schools.

Accomplishments

In a cross-site evaluation, Project Venture indicated statistically significant reductions in

- ☐ Overall risk profile for alcohol, tobacco, and other drug use
- ☐ Delayed onset/lifetime use of alcohol and marijuana use
- ☐ Past 30-day use of alcohol and marijuana
- ☐ Frequency of cigarette, inhalant, and alcohol use
- ☐ Depression and aggressive behavior

Funding

Project Venture is supported by State government grants with additional funding provided by private contributions.

PROJECT VENTURE
PROGRAM
REPLICATION
GUIDE

THE NATIONAL INDIAN YOUTH
LEADERSHIP PROJECT

Prolonged Exposure Therapy for PTSD

Prolonged Exposure Therapy (PE) is a cognitive behavioral treatment intervention for individuals suffering from posttraumatic stress disorder (PTSD). The program provides a course of individual therapy that aims to help clients process their traumatic events and thus reduce or eliminate trauma-induced psychological disturbances and improve social functioning. The treatment program consists of 10 90-minute therapy sessions that have 4 components: psychoeducation about common reactions to trauma; breathing retraining (a relaxation skill); repeated recounting of the traumatic memory (emotional reliving); and approaching trauma reminders that, despite being safe, are feared and avoided. Based on 20 years of study by the faculty of the Center for the Treatment and Study of Anxiety (CTSA), it was concluded that PE is the most effective and efficient treatment program for PTSD. The step-by-step PE manual has been disseminated to clinicians and researchers around the world. The successful outcome of PE in improving PTSD and anxiety and increasing general functioning has been demonstrated in many trauma centers around the world.

Agency

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Clientele

PE for PTSD is designed to treat individuals who have experienced either single incident traumas or multiple/continuous traumatic events. PE has been applied extensively with women who suffer from PTSD as the result of violence: survivors of rape, aggravated assault, and childhood sexual abuse. PE has also been successfully employed with individuals who have been traumatized in combat, accident survivors, victims of violent crimes, emergency service workers, firefighters, and victims of other types of trauma. PE has been used most extensively for adults, but has been successfully modified for use with children.

Major Services

PE is used for the treatment of PTSD, anxiety, depression, avoidance, interference in relationships, and difficulties in social and work-related activities. Effective recovery from traumatic experiences often reduces the use and abuse of alcohol or other substances that many trauma survivors use to "self-medicate" and cope with trauma-related symptoms.

It is the mission of the CTSA to train clinicians to conduct PE and other CTSA-endorsed cognitive behavioral programs. CTSA also provides lectures on anxiety disorders, research consultation, and training workshops for mental health professionals on the use of empirically supported interventions for the treatment of trauma and PTSD, obsessive-compulsive disorder, social phobia, and other anxiety disorders.

Accomplishments

With continuous funding from the National Institutes of Mental Health (NIMH), the faculty of the CTSA has developed effective and efficient psychosocial treatments for PTSD, obsessive-compulsive disorder, and social phobia. The efficacy of PE for PTSD has been demonstrated in three large, 5-year treatment outcome studies conducted by CTSA. CTSA has also demonstrated the efficacy of PE when conducted by clinicians in community clinics. PE has been and continues to be investigated in other research centers in the United States and abroad with a variety of trauma populations. These centers replicated the efficacy and effectiveness of PE. In addition to its research and clinical activities, CTSA has developed highly effective training programs for teaching mental health professionals to implement PE and other evidence-based treatments.

In 1995, the CTSA Trauma Victims Program was given the annual award presented by the Philadelphia Coalition for Victim Advocacy for treatment of posttraumatic stress disorder brought on by criminal assault.

Funding

CTSA's work in developing and evaluating effective cognitive behavioral treatments for PTSD has been continually funded, since 1982, by NIMH. Recently, funding was received from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and several pharmaceutical companies.

Program Materials

Program materials include several treatment manuals: *Treating the Trauma of Rape: Cognitive Behavior Therapy for PTSD*, which is a detailed description of PE and two other cognitive behavioral therapy programs studied by CTSA; and *Prolonged Exposure (PE) for the Treatment of PTSD Manual: Revised*, a detailed treatment protocol manual for use in treatment studies. A videotape excerpt from Dateline (1994) is also available and used to educate clients and professionals about the treatment program. Videotapes of treatment sessions and other materials that illustrate therapy components are used during training workshops for mental health professionals. These are only used by CTSA faculty and are not available for purchase.

Program Developers

Edna B. Foa, Ph.D., is a professor of clinical psychology in psychiatry at the University of Pennsylvania and director of the Center for the Treatment and Study of Anxiety. She received her doctorate in clinical psychology and personality, from the University of Missouri, Columbia, in 1970. Dr. Foa has devoted her academic career to studying the psychopathology and treatment of anxiety disorders, primarily obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and social phobia and currently is one of the world's leading experts in these areas. Dr. Foa was the chair of the DSM-IV Subcommittee for OCD and co-chairs the DSM-IV Subcommittee for PTSD. She has also been the chair for the Treatment Guidelines Task Force of the International Society for Traumatic Stress Disorders. Dr. Foa has published several books and more than 250 articles and book chapters and has lectured extensively around the world. Her work has been recognized with numerous awards and honors.

Elizabeth A. Hembree, Ph.D., is an assistant professor of clinical psychology in psychiatry at the University of Pennsylvania and is the director of the Rape and Crime Victims Program in the Center for the Treatment and Study of Anxiety. She received her Ph.D. in Clinical Psychology from the University of Delaware in 1990. Her primary areas of expertise and interest are the treatment of PTSD and the dissemination of effective, empirically supported treatments to clinicians in community settings. Dr. Hembree is the principal investigator of an ongoing treatment outcome study funded by NIMH entitled Effectiveness of Treatments for PTSD in Community Agencies.

Promoting Alternative THinking Strategies (PATHS)

PATHS is a comprehensive school-based program for promoting emotional and social competencies, reducing aggression and behavior problems, and enhancing critical-thinking skills in elementary school-aged children. This innovative kindergarten through sixth grade curriculum is designed for use by educators and counselors and enhances the educational process. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. Studies show PATHS reduced students' aggressive behavior and increased teachers' reports of students exhibiting self-control. PATHS also has been shown to increase students' cognitive skills test scores 20 percent and significantly improved students' ability to tolerate frustration and their willingness to use effective conflict-resolution strategies.

Agency

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Clientele

The PATHS curriculum was developed for use in the classroom setting with all elementary school children. PATHS has been field tested and researched with children in regular education classroom settings as well as with a variety of special needs students (deaf, hearing impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted). Ideally, it should be initiated at the start of schooling and continue through grade six.

Major Services
The PATHS curriculum provides teachers with systematic and developmentally based lessons, materials, and instructions for building their students' emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. Classroom teachers implement PATHS with entire classrooms using a 131 lesson curriculum throughout the elementary school years. Timing and frequency of the sessions can be adapted to suit individual classroom needs. Training and technical assistance is available to school personnel to ensure effective implementation of the program.

Accomplishments
PATHS is a highly recognized model violence prevention program. In addition to being a CSAP Model Program, PATHS is 1 of 11 programs deemed a Blueprints Model Program by the Office of Juvenile Justice and Delinquency Prevention. It was named a Promising Program in the U.S. Surgeon General's Report on Youth Violence and the U.S. Department of Education's Safe and Drug-Free Schools Expert Panel and a Best Practices in Youth Violence Prevention Program by the Centers for Disease Control and Prevention.

PATHS has been successfully implemented throughout the United States as well as in England, Wales, the Netherlands, and other countries.

Funding
PATHS' research and development has been funded by the National Institute of Mental Health, the U.S. Department of Education, the William T. Grant Foundation, and the Channing Bete Company.

Program Materials
PATHS offers an extensive collection of instructor and classroom materials that ensure focused, effective program implementation in each grade level. Curriculum manuals contain more than 100 interactive lessons which use a variety of visual aids that move students along a continuum of emotional competency. It also provides materials to be sent home to parents which correlate with the students' lessons. The PATHS materials for kindergarten contain instructor and curriculum manuals as well as a plush turtle puppet which is used to help students to display their feelings.

Program Developers
Carol A. Kusché, Ph.D., is a psychoanalyst and clinical psychologist in private practice in Seattle. She is also a clinical associate professor at the University of Washington, department of psychology, and a faculty member at the Seattle Psychoanalytic Society and the Northwest Center for Psychoanalysis. Areas in which Dr. Kusché has conducted research include children's emotional, social, and cognitive development; deafness; and psychoanalytic neuropsychology.

Mark T. Greenberg, Ph.D., is the author of more than 100 articles and chapters on child development and understanding aggression, violence, and externalizing disorders, and he is also the director of the Prevention Research Center for the Promotion of Human Development. Dr. Greenberg holds the Bennett Endowed Chair in Prevention Research at Penn State's College of Health and Human Services.

Responding in Peaceful and Positive Ways (RIPP)

Responding in Peaceful and Positive Ways (RIPP) is a violence prevention program for middle school students that relies on one person, a trained prevention specialist, who models prosocial attitudes and behaviors. The problem-solving model provides the backbone for the entire curriculum, and each session builds upon the previous ones, utilizing the entire model in a cumulative fashion. The RIPP curriculum is typically taught over 2 years in grades six, seven, or eight, during the academic subjects of social studies, health, and science, and focuses students on the use of non-violent options. All activities are designed to diminish negative stereotypes students might have about themselves and others. Post-program studies showed sixth-grade RIPP students were significantly less likely to have disciplinary code violations for carrying weapons, less likely to have in-school suspensions, had lower reported rates of fight-related injuries, and were more likely to participate in their school's peer mediation program. RIPP seventh-graders showed a significant increase in their knowledge of curriculum material and reported lower rates of peer pressure to use drugs.

Agency

Center for Positive Youth Development

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Clientele

RIPP is a violence prevention program designed for adolescents between 11 and 14 years old. Ideally, RIPP is implemented through staffing partnerships developed between schools and community agencies (e.g., middle school safety coordinators; individuals funded with the Federal Block Grant money; and mental health and substance abuse prevention staff [nonprofit or State]).

Major Services

Three basic strategies are used throughout the RIPP curricula: social-cognitive problem solving, experiential activities, and didactic discussions. The program consists of a 25-session sixth-grade curriculum, school-wide peer mediation, and seventh and eighth grade curricula. RIPP's classroom instruction, delivered by a prevention specialist, includes role-plays and small group activities. Program implementation training and technical assistance are also offered.

Accomplishments

Research outcomes on RIPP's impact in both urban and rural settings include:

- ☐ Decreased school disciplinary code violations for violent behaviors
- ☐ Decreased student-reported frequency of drug use, violent behaviors, and fight-related injuries
- ☐ Increased use of violence prevention resources
- ☐ Increased prosocial attitudes and peer support for prosocial behavior
- ☐ Decreased peer pressure to use drugs
- ☐ Reports of increased quality of life

Funding

Funding for the research and development of RIPP was provided by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC).

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Program Materials

RIPP offers a program operations manual, *Promoting Non-Violence in Early Adolescence*. This user-friendly book provides a total program overview; guidance for program set-up at individual schools; hiring, training, and program evaluation strategies; overviews of RIPP at each grade level; and a chapter on community and cultural adaptation. User-friendly curriculum manuals for the sixth-, seventh-, and eighth-grade programs are available with training.

Program Developers

Aleta Meyer, Ph.D., has extensive experience collaboratively designing, implementing, evaluating, and replicating effective health promotion and prevention programs for adolescents. The programs she has helped design focus on violence prevention, depression prevention, and cancer prevention in both rural and urban settings. She has been assistant professor of psychology since 1994 at Virginia Commonwealth University and became an assistant clinical professor of prevention medicine and community health in 2001. Dr. Meyer is currently co-principal investigator on a multisite violence prevention project funded by CDC. An emerging area of interest involves the integration of primary prevention programs and outdoor adventure education.

Wendy Bauers Northup, M.A., is coordinator of prevention services for Henrico Area Mental Health & Retardation Services, a program that focuses on community-based substance abuse and violence prevention. Her work in nonviolence and violence prevention began in the early 1980s when she was director of the Richmond Peace Education Center for 6 years. She is a coauthor on the development team of two violence prevention programs, one for middle school (RIPP) and one for Head Start, and has provided training on both programs. In the past, she served on both the Richmond Domestic Violence Task Force and the Hanover County Domestic Violence Task Force. She served on the board of the Parenting for Peace and Justice Network for 17 years.

School Violence Prevention Demonstration Program

The School Violence Prevention Demonstration Program is studying the impact of a civic knowledge curriculum (constitutional and legal principles) on attitudes related to violent behavior among children and youth within a school setting. Developed by the Center for Civic Education, the curriculum is designed to improve students' civic knowledge, skills, and attitudes. The program provides students with opportunities to engage in high quality civic education and group participation exercises. Trained teacher participants support the curriculum and emphasize critical thinking, cooperative learning, group problem solving, and performance-based assessment. Program research has shown significant and consistent positive shifts in four areas related to student attitudes in participating school districts: civic responsibility, tolerance for the ideas of others, authority, and the law. Only in its third year of research, the program is in use in 17 States, 41 congressional districts, and 189 schools across the country, including 12 Native American tribes.

Agency

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Center for Civic Education

Clientele

The School Violence Prevention Demonstration Program focuses on elementary and middle school students in urban, suburban, rural, and schools on tribal reservations.

Major Services

Training on the program's curricula and in effective instructional strategies is offered to all educators participating in the program. Training sessions are held periodically throughout the school year and total approximately 60 hours.

Accomplishments

The School Violence Prevention Demonstration Program has recently completed its third year of research and is in use in 17 States, 41 congressional districts, and 189 schools across the country. It has grown from 6 districts in Year 1 to 22 districts in Year 3, with 12 Native American tribes being served by the current program. Program research has shown significant and consistent positive shifts in four areas related to participating students' attitudes: civic responsibility; tolerance for the ideas of others; authority; and the law. Eighty-seven percent of teachers participating in the program indicated the curricula broaden cooperative learning skills to some extent or to a great extent. Class content knowledge significantly increased in nearly every school district.

Funding

The School Violence Prevention Demonstration Program is funded entirely by a grant from the U.S. Department of Education.

Program Materials

The Center for Civic Education publishes and distributes program materials, including: We the People… The Citizen and the Constitution, which focuses on the history and principles of the U.S. Constitution and Bill of Rights for upper elementary, middle, and high school students; We the People… Project Citizen, a civic education program suggested for middle grades; and Foundations of Democracy, a series consisting of curricular models for use with students from kindergarten through 12th grade.

Program Developer

Charles N. Quigley is the executive director and founder of the Center for Civic Education, a nonprofit corporation established in 1969 and affiliated with the State Bar of California. Prior to that, he served as executive director of the Committee on Civic Education, established at the University of California in 1965, and the predecessor of the present Center. Mr. Quigley has experience in teaching at elementary through university levels. Under Mr. Quigley's direction, the Center has developed programs that promote students' knowledge of the principles and institutions of American constitutional democracy and that foster the skills necessary for them to participate as responsible citizens. Mr. Quigley has authored and edited numerous publications on civics and has served on various State, national, and international commissions and task forces.

Second Step: A Violence Prevention Curriculum

Second Step is a school-based social skills curriculum for preschool through junior high school that is proven effective in reducing impulsive and aggressive behavior in children. A multimedia, research-based program, Second Step teaches children to change the attitudes and behaviors that contribute to violence.

The program includes student-focused classroom curricula, training components for educators and parents, and program implementation support. Lesson content varies according to grade level, and the lessons are designed to be developmentally appropriate. Grounded in the latest social learning research, Second Step teaches the same skills at each grade level: empathy, impulse control, problem solving, and anger management. Second Step is recommended for school-wide use, offering students multiyear learning in the social-emotional skills essential for successful and satisfying lives.

Investigators have found that the Second Step curriculum leads to moderate decreases in aggression and increases in neutral and prosocial behavior in school. These changes assume greater significance when compared to students not receiving the program. Without the Second Step curriculum, researchers learned that students' school behaviors deteriorated, with students evincing more physical and verbal aggression as the school year progressed.

Agency

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Second Step
A Violence Prevention Curriculum

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Clientele

Second Step is a universal prevention program, intended for use with all students from preschool through ninth grade. It also offers program elements for educators and parents. The program is most often used in schools, but is also employed in child care centers, youth services agencies, school aged care programs, and other community-based programs. Second Step is currently used in more than 15,000 schools and agencies in the United States and Canada, in addition to 1,000 schools using translated editions across the globe. Spanish language supplements to Second Step are available.

Major Services

Teachers deliver Second Step to entire classrooms by showing students interpersonal situations depicted on photographs or videos. Teachers then lead students to react to the visual materials through discussion and role play. Three skills units are taught to students in this manner: empathy, which is central to social competence; impulse control and problem solving, including a five-step problem-solving strategy; and behavioral skills for problematic situations, including emotion management strategies.

Committee for Children provides and strongly recommends training for educators in the Second Step program. CfC offers regularly scheduled Second Step trainings of trainers (TOT) in regions across the United States and Canada, as well as contracts for onsite training with schools and districts. Committee for Children also provides facilitator training for presenting the six session, video-based *A Family Guide to Second Step* to parents and caregivers. Training for educators, training for trainers, and an education program for parents are also available and strongly recommended when implementing Second Step.

Accomplishments

Second Step is currently taught in more than 15,000 schools and agencies across North America, with translated editions used in Denmark, Germany, Greenland, Iceland, Japan, Norway, and Sweden. The program's success is attributed to its high-quality, research-based curriculum and training materials; ease of replication; excellent research outcomes; affordability; program linkages with parents and families; and free site support.

In addition to meeting the criteria to be a CSAP Model Program, Second Step has been named:

- ☐ Exemplary Program—U.S. Department of Education/Office of Safe and Drug Free Schools
- ☐ Straight A's—Drug Strategies independent review of 84 violence prevention programs entitled "Safe Schools, Safe Students"
- ☐ Character Education Program of Merit—New Jersey Department of Education
- ☐ Recommended Character Education Program—Utah Department of Education

Funding

Committee for Children, a nonprofit organization, is funded through the sale of its educational programs, training, and consultation services as well as grants and individual contributions.

Program Materials

Second Step developers have created an introductory Second Step Welcome Kit containing implementation fidelity information, which is included in grade-specific kits. The grade-specific kits contain a wide array of materials, including implementation guides for administrators; a teacher guide and lesson plans; puppets, photo cards, posters, homework and sing-along tapes; teacher training and classroom videotapes; and letters and take-home materials for parents. Lessons and homework, classroom videos, homework materials, and letters for pre-K to grade five are available in Spanish.

Program users are also provided with training materials, the Web-based Second Step implementation discussions, a *Prevention Update* newsletter subscription, and implementation evaluation, training, and other program information.

Program Developer

Second Step was developed by Committee for Children, a nonprofit educational research and program development organization located in Seattle. Committee for Children's mission is to promote the safety, well-being, and social development of children by creating quality, research based educational programs for educators, families, and communities. Committee for Children programs are developed collaboratively by teams of staff researchers, program developers, and implementation specialists, with consultation from leading academic experts and practitioners across North America.

Team Awareness

Team Awareness for Workplace Substance Abuse Prevention is an employee/team-based training program designed to address the workplace culture associated with substance use. Originally tested with municipal employees, the program requires groups of 15 to 20 employees to attend two 4-hour training sessions. Team Awareness seeks to increase employees' understanding of and role in substance use prevention as a tool for enhancing safety and well-being for the whole work group. The program also encourages help-seeking and help-giving behavior to increase use of Employee Assistance Programs (EAP) or other resources. A study of program outcomes showed that group privacy regulation, EAP trust, help seeking, and peer encouragement increased for Team Awareness group participants as opposed to other employees, while stigma of substance users decreased. The program has been shown to improve the social health of work groups, increase peer referral behaviors, decrease drinking climates among workers, and decrease problem drinking.

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TEAM
AWARENESS

Clientele

Team Awareness is a classroom training prevention program that has been delivered in three different settings: municipal employees from all departments, high-risk municipal workers in safety-sensitive positions, and staff at a substance abuse outreach/treatment facility. Team Awareness is currently being refined for use by small businesses in high-risk industries. The training program is suitable for a broad range of occupations where workers interact with each other in groups or teams. It is most indicated for high-risk and safety-sensitive occupations with social traditions of drinking.

Major Services

Team Awareness provides business owners and employers with three non-stigmatized trainings that are widespread and acceptable in industry: team building, communication skills, and stress management. Team Awareness incorporates messages about substance abuse and the importance of help-seeking for behavioral problems into these industry-standard programs. Special features include a variety of fun exercises (a board game, group decision-making scenarios, role-plays, communication games) and a video. Each of these exercises touches on the importance of a healthy work environment and social health in work groups. The capstone of Team Awareness is peer referral skills training which builds on the social health message.

The program developer recommends and offers train-the-trainer sessions in order to retain program fidelity and to help customize training to the particular needs and setting of the target population. Training, train-the-trainer sessions, and customization may be obtained from the developer.

Accomplishments

Research results from several randomized studies of workers in two municipal settings showed that supervisors had improved attitudes toward intervening with problem coworkers; employees increased their help-seeking and encouraging behaviors; and the social climate of Team Awareness-trained groups improved on a number of dimensions, including increased trust in the confidentiality of coworkers. Employees also exhibited improved knowledge and attitudes toward the EAP and drinking climates—going out with coworkers to drink—were lessened. Decreases in problem drinking were maintained at the 6-month followup.

Funding

Development and initial studies of Team Awareness were funded by a grant from the National Institute on Drug Abuse. Currently, funding for study in small businesses is provided by the Center for Substance Abuse Prevention, Community Initiated Prevention Intervention.

Program Materials

Program materials are available for free download from the Institute of Behavioral Research Web site at www.ibr.tcu.edu. These materials include training manuals, overheads, handouts, and instructions for all activities. All use of materials requires acknowledgement.

Program Developers

Joel B. Bennett, Ph.D., is a consultant with Organizational Wellness & Learning Systems (OWLS). OWLS provides research and services in health promotion, work culture assessment, and behavioral risk management. Dr. Bennett worked as a research scientist at Texas Christian University from 1994 to 2002. He is author of articles in various refereed research journals in organizational behavior. His book *Time and Intimacy: A New Science of Personal Relationships* was published by Lawrence Erlbaum in 2000. He is editor, along with Dr. Lehman, of *Workplace Substance Abuse Prevention: Beyond Drug Testing to Wellness*, to be published by the American Psychological Association later this year. A graduate of the University of Texas (1985), he has served on the National Prevention Advisory Board for Magellan Behavioral Healthcare and the Management, Spirituality, and Religion Division at the Academy of Management. Dr. Bennett offers a variety of workshops in workplace health.

Wayne E. K. Lehman, Ph.D., was a research scientist with the Behavioral Research Program at Texas A&M University from 1982 to 1989 before returning to the Institute of Behavioral Research at Texas Christian University. He is principal investigator and project manager for the workplace projects that spawned the development of the Team Awareness program. His major research efforts focus on the assessment of organizational factors in drug treatment programs, technology transfer, the relationship of drug use to job performance and the work environment, and workplace substance use prevention training. Methodological specializations include design and implementation of large-scale survey studies, management of complex data systems, multivariate data analysis, structural equation modeling, and hierarchical linear modeling. Dr. Lehman is a reviewer for the National Institutes of Health and the National Institute on Drug Abuse. He served on the committee at the National Research Council that oversaw the production of *Under the Influence: Drugs and the American Workforce*, available for free download at http://stills.nap.edu.

Too Good for Drugs

Too Good for Drugs (TGFD) is a school-based prevention program for students in kindergarten through high school. It is designed to reduce risk factors and enhance protective factors relating to youths' intentions to use alcohol, tobacco, and illicit drugs (ATD). Developed by the Mendez Foundation, Too Good for Drugs has a separate, developmentally appropriate curriculum for each grade level designed to address personal and interpersonal skills relating to ATD use, appropriate attitudes toward ATD use, knowledge of the negative consequences of ATD use and benefits of a drug-free lifestyle, and positive peer norms.

Teaching methods are highly interactive and engage students through role-play, cooperative learning, games, small group activities, and class discussions. Students have many opportunities to participate and receive recognition for their involvement. Teaching methods model and encourage bonding with other children exhibiting a substance-free lifestyle. TGFD also impacts students through a family component used in each grade level.

Agency

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Mendez
FOUNDATION

Clientele

TGFD is a nationwide program developed for kindergarten through 12th-grade students. It is designed to be taught in classrooms by teachers, guidance counselors, TGFD instructors, or prevention specialists. The program has been implemented in rural, urban, and suburban areas, with students of all racial/ethnic and socioeconomic backgrounds, and it has been studied in the Nation's 12th largest school district.

Major Services

The Too Good for Drugs program provides a school-based curriculum with a parent component, teacher training, training of trainers, and staff development. It improves school climate and promotes student bonding with their teachers and the school.

TGFD includes 10 lessons per grade level in kindergarten through eighth grade. In high school, it includes a 14-lesson core curriculum plus 12 infusion lessons. It also offers a 10-session staff development curriculum. Each grade-level kit includes a scripted curriculum, participant workbooks, and teaching materials. Each lesson includes rationale, objectives, materials list, recommended resources, suggestions for lesson extension, and a "Home Workout" for parents. Lessons are scripted to promote ease of use and fidelity of implementation. The Mendez Foundation offers teacher training, training of trainers, and staff development training, which may be provided at Foundation offices in Tampa, FL, or onsite in school districts.

Accomplishments

Compared to students in control groups, TGFD students in middle and high school studies have shown the following effects on students regarding drug use and violence:

- ☐ Reduced initiation of cigarette smoking by 33 percent to 58 percent
- ☐ Reduced initiation of alcohol use by 38 percent to 50 percent
- ☐ Reduced initiation of marijuana use by 25 percent to 45 percent
- ☐ Reduced fighting by 45 percent

Recognition for Too Good for Drugs includes:

- ☐ Model Program—Center for Substance Abuse Prevention
- ☐ Excellence in Prevention—American Medical Association
- ☐ Shining Star Award—Southeastern Drug-Free Schools
- ☐ First Place in Prevention—Florida Alcohol and Drug Abuse Association/DCF Best Practices Conference
- ☐ Making the Grade: A Guide to School Drug Prevention Programs

Funding

Schools and districts obtain funding for implementation of Too Good for Drugs from a variety of sources, including the U.S. Department of Education's Safe and Drug-Free Schools and Communities Program as well as State and local grants.

Program Materials

The Too Good for Drugs classroom grade level kits for kindergarten through eighth grade include a 10-lesson curriculum guide, teaching materials (i.e., posters, audiotapes, games, puzzles), and 50 student workbooks.

Program Developer

Too Good for Drugs was developed by a Mendez Foundation team of prevention experts who have than 20 years experience in the fields of prevention and education. Administrators have M.Ed. degrees and CAPP certification. The development team also includes classroom teachers, a former principal, and a researcher and writer. The Mendez Foundation developers began providing drug prevention education in Hillsborough County (Tampa), FL, in 1978. After a national television documentary featured Too Good for Drugs and other promising programs in 1983, the Foundation received calls from leaders around the country who wanted to replicate the program in their own communities. In response, the Foundation began to publish manuals and offer curriculum training and training of trainers. Revised and updated in 1998 to incorporate leading-edge research on risk and protective factors, Too Good for Drugs has received local, State, and national recognition. It is used in over 2,500 districts nationwide.

The Mendez Foundation also provides Too Good for Violence, a K-8th grade violence prevention program, and Too Good for Drugs and Violence After-School Activities. When used in combination with Too Good for Drugs, these flexible modules reinforce each other and maximize prevention program effectiveness.

CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

"Substance abuse prevention and treatment serve as twin beacons along the continuum of wellness and recovery, promising a brighter future for individuals, families, and communities."

Ruth Sanchez-Way, Ph.D.
Director, CSAP

CSAP

The Center for Substance Abuse Prevention (CSAP) provides national leadership in the development of policies, programs, and services to prevent the onset of illicit drug use and underage alcohol and tobacco use as well as to reduce the negative consequences of using substances. CSAP is one of three Centers in the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS). The other two are the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).

CSAP carries out its mission through the following strategies:
- ☐ Develop and disseminate prevention knowledge;
- ☐ Identify and promote effective substance abuse prevention programs;
- ☐ Build capacity of States, communities, and other groups to apply such knowledge effectively; and
- ☐ Promote norms supportive of prevention of substance abuse at the family, workplace, community, and national levels.

CSAP promotes comprehensive programs, community involvement, and partnership among all sectors of society. Through service capacity expansion, knowledge development, application, and dissemination, CSAP works to strengthen the Nation's ability to reduce substance abuse and its associated problems.

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Community
Anti-Drug
Coalitions
OF AMERICA

"The Exemplary Awards Program is an important tradition that highlights effectiveness and achievement in the field of prevention. CADCA is pleased that this year's nominees continue to demonstrate that local, community-based action designed to meet identified needs can indeed make a difference and reduce substance abuse and violence in a community. We salute their efforts and look forward to continued success in creating safe, healthy, and drug-free communities."

General Dean
Chairman and CEO, CADCA

CADCA

The Community Anti-Drug Coalitions of America (CADCA) is working with more than 5,000 community coalition members from across the country to realize its vision of An Organization of Excellence Building Drug-Free Communities. Community coalitions—more than any other entity—are poised to connect multiple sectors of the community, including businesses, parents, media, law enforcement, schools, religious organizations, health providers, social service agencies, and the Government. By acting in concert through the coalition, all of the partners gain a more complete understanding of the community's problems. Together, the partners organize and develop plans and programs to coordinate their anti-drug efforts. The result is a comprehensive, community-wide approach to substance abuse and its related problems.

CADCA's mission is to create and strengthen the capacity of new and existing coalitions to build safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, and conferences and special events.

CADCA partners with a number of significant private and public organizations. Our public partners include the Office of National Drug Control Policy, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the Drug Enforcement Administration, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Office of Juvenile Justice and Delinquency Prevention, and the National Guard. Our private partners include the American Bar Association, the Center on Addiction and Substance Abuse at Columbia University, Join Together, the National Association for Children of Alcoholics, the National Association of Drug Court Professionals, the National Crime Prevention Council, the National Family Partnership, the Partnership for a Drug-Free America, and PRIDE.

NASADAD

National Association of State Alcohol and Drug Abuse Directors, Inc.

"There is no doubt that we must remain committed to the prevention of substance abuse problems before they occur. . . . If current initiation rates continue at the same levels we are experiencing now, demand for drug treatment will more than double (an increase of 57%) by 2020. Prevention can and does work and we must continue to invest Federal funding in prevention programs in order to avoid more problems in the future."

Luceille Fleming
Director, Ohio Department of Alcohol & Drug Addiction Services
Past President, NASADAD Board of Directors
Testimony submitted to the Senate Subcommittee on Labor, Health & Human Services, Education, on FY 2003 funding for the Substance Abuse and Mental Health Services Administration
April 2002

NASADAD

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State drug agency directors and then, in 1978, the membership was expanded to include State alcoholism agency directors. Today, all States have combined their State Alcohol and Drug Abuse Directors. The Board of Directors is composed of a president, first vice president, vice president for drug abuse issues, vice president for alcohol issues, past president, secretary, and treasurer as well as 10 regional representatives elected by the Association members in the respective regions.

NASADAD's basic purpose is to foster and support the development of effective alcohol and drug abuse prevention and treatment programs throughout every State. NASADAD also serves as a focal point for the examination of alcohol- and drug-related issues of common interest to both State and Federal agencies.

"We have learned that young people who drink are more likely to have problems with school work and school conduct. We have learned that young people who drink are more likely than others to be victims of violent crime including rape, aggravated assault, and robbery. We have learned that an individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol."

Joseph Powell
President, National Prevention Network
Remarks made at the CSAP Prevention Summit
April 2002
Phoeniz, AZ

NPN

The National Prevention Network (NPN) is an organization of State alcohol and drug abuse prevention representatives and an affiliate of NASADAD. NPN provides a national advocacy and communication system for substance abuse prevention. State prevention representatives work with their respective State alcohol and drug abuse directors to ensure the provision of high-quality and effective alcohol, tobacco, and illicit drug abuse prevention services in each State. NPN, in collaboration with the NASADAD Prevention Committee and staff, implements its mission at the national level.

NPN believes that prevention is a complex process that requires more than a single strategy or approach. A wide range of factors contributes to alcohol and drug problems and preventing them is based on the understanding that such factors vary among individuals, geographic regions, age groups, racial/ethnic groups, and genders. Effective prevention is a systemic responsibility involving local, State, and national agencies; organizations; and groups. In conjunction with NASADAD and through NPN's network of State prevention representatives, NPN provides leadership, coordination, and communication to its member States and to the field of prevention in general.

CSAP Center for Substance Abuse Prevention

SAMHSA

Substance Abuse and Mental Health Services Administration

NPN

NASADAD

National Association of State Alcohol and Drug Abuse Directors, Inc.

Community Anti-Drug Coalitions

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